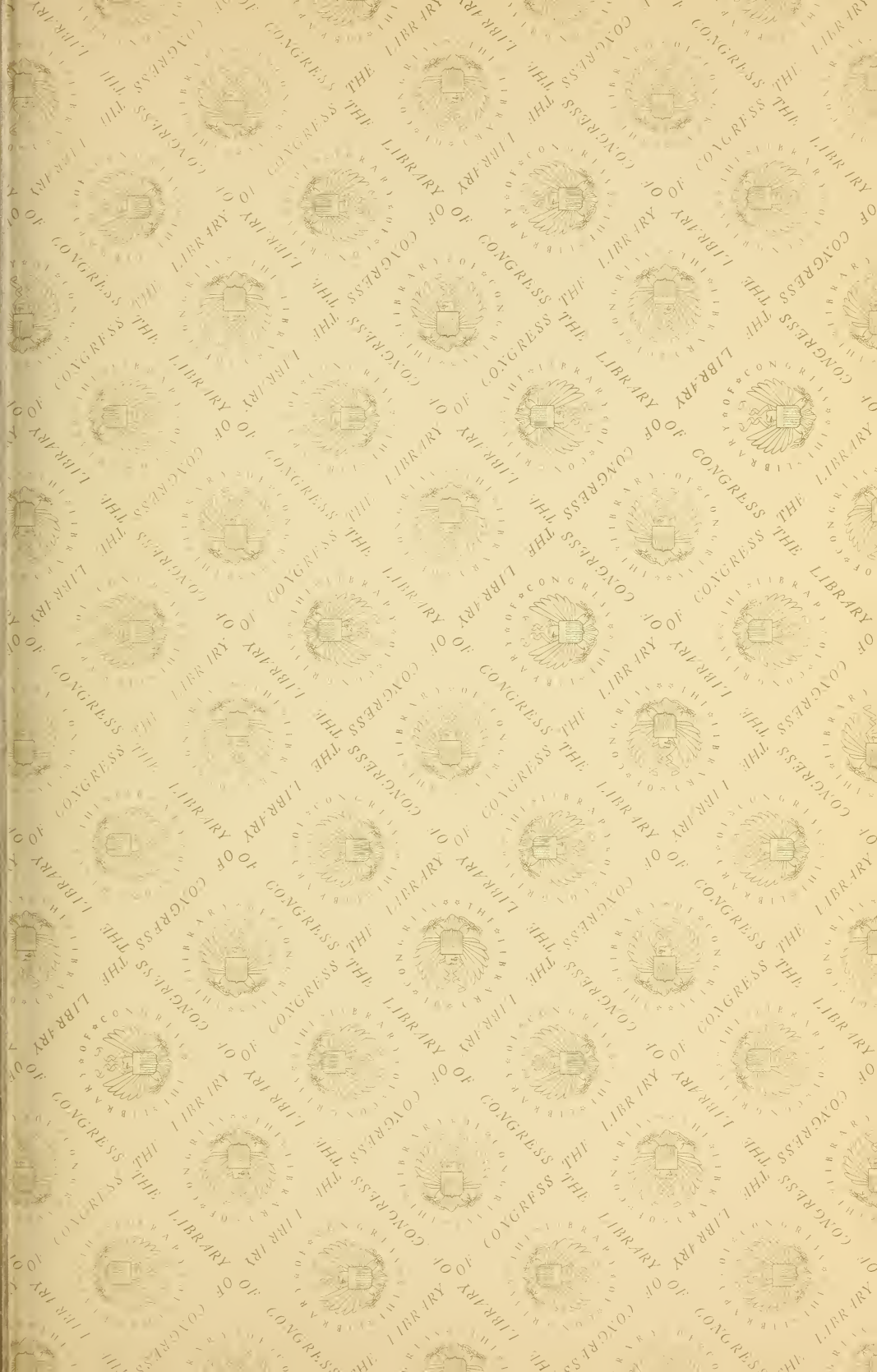








THE 67

Medical and Surgical Reporter:

A WEEKLY JOURNAL.

EDITED BY

S. W. BUTLER, M.D.



JULY, 1866—DECEMBER, 1866.

VOL. XV.

PHILADELPHIA:

ALFRED MARTIEN, PRINTER, 619 JAYNE STREET.

1867.

INDEX

R11
M5
new Ser.

A.

Abdomen and intestines, penetrating wound of, 382.
Aborigines, Meigs on cranial form, 402.
Abortion, criminal, 262.
Abscesses: serofulous, 143, 200; of the lachrymal sac, 230; of abdominal wall, 280; chronic, 415.
Acid, nitro-muriatic and strychnia in cerebro-spinal meningitis, 218.
Aconite, internal use of, 258.
Actual cautery in treatment of pedicle of ovarian tumor, 439.
Adulteration of arrow-root, 207.
Age: comparative of men and women in England, 207; lecture on as an influence in modifying disease, 369.
Ague: treatment of, 444; and fever, 528.
Albuminuria: idopathic, differential diagnosis of, 161; diagnosis between nervo-idopathic and renal, 239.
Alcohol, increased consumption of, and injury caused by, 227.
Amblyopia, amaurosis and extraction of cataract, 209.
Amenorrhœa, caused by exposure to cold, 70.
Amputations, remarks on, 409.
Anæmia: with menorrhagia, 72; transfusion in, 255; general œdema from, 410.
Anæsthesia, local, 595.
Anæsthetics, 56; chimogene, a new, 129.
Anal ulceration and fistule, 458.
Anatomy, Philadelphia School of, 384.
Anchylolysis of knee-joint, 161.
Ancient creature, 32.
Angina pectoris, 474.
Aneurism of arch of aorta, 337.
"A new anatomical fact," 384.
Ani prolapsus, 135.
Ankle-joint, a new operation at, 396.
Aorta, aneurism of arch, 337.
Aphasia, 259; with hemiplegia of right side, 161.
Aphides, reproduction of, 326.
Aphonia, 148.
Apparatus for nebulization, 38, 60.
Army, information for entering medical corps of, 187.
Army itch, a chapter on, 104.
Arrow-root, adulteration of, 207.
Arsenical ointment, poisoning by, 468.
Arteries, Hunterian ligation, to prevent destructive inflammation of, 259.
Artery, iliac, successful ligation of, 340.
" trachea and median nerve, wound of, 432.
Ascaris, lumbricoides, in trachea, 51.
Atograph, 531.
Atmospheric conditions, influence of on typhus, 72.
Atropine, effects from local use of, 300.
Autopsies, how to make them odious, 326.

B.

Bakus, a new expectorant, 126.
Belladonna, an antidote for opium, 225.
BENTHAM, JEREMY, body of, 407.
Biographical Sketches of Living New York Physicians: Martyn Paine, 63; J. W. Draper, 96; John H. Griscom, 118; B. F. Barker, 156; E. Brown-Séquard, 169; James Anderson, 215; F. Campbell Stewart, 240; A. K. Gardner, 313; Isaac E. Taylor, 335; Isaac Wood, 454; Edward Delafield, 509.
Birth, triple, 111, 121.
"Black Death," 147.
Bladder, female, piercer removed from, 395.
Blanching of the hair, 267.
Bleeding, a victim to, 27.
Bone, regeneration of, 439.
Borax, virtues of, 286.
BRINARD, D., death of, 366.
Brain work in Germany, 325.
" anomalous condition of ventricles of, 450.
Bran flour, prepared, 424.
Bright's disease, 354; acute, with uræmia, 29.
Buchu, fluid extract of, 401.
Bullets, searching for, 418.
Burns, treatment of, 260.

C.

Cæsarian section, and anomalies in pregnancy, 201.
Cardiac disease, remarkable case of, 419.
Camp diarrhœa, 82.

Cancer: of the stomach, 93; epithelial, 99; of œsophagus, 177; mammary, 339; of liver, 405; epithelial of cervix uteri, mode of treating, 486; of stomach, 495; epithelial of cervix, new mode of treating, 536.
Capsicum in delirium tremens, 101.
Carbolic acid, 128, 508.
Carbonic oxide, poisoning by, successful treatment by transfusion of blood, 73.
Carcinoma uteri, 100.
Catalepsy, partial, with hysteria, 117.
Catalogue priced, 485.
Cataract, 235, 458; extraction of, 209; soft, extraction by suction, 213.
Caustic, a new, 435.
Cerebral embolism, 299.
Cerebro-spinal meningitis, 141, 147; differential diagnosis of, and typhus, 503.
Chamber-vessel, Rankin's, 384.
Chilblain, 167.
Chimogene, a new anæsthetic, 129.
Chloroform, 126; and ergot, 127; internal use of, in delirium tremens, 133, 226, 406, 445; in sporadic cholera, 158; internal use of, 284, 519; in milk, 417.
Chlorodyne, 413.
Cholera: Asiatic, 14, 147, 181, 223, 243, 284, 285, 367; New York Academy on, 54—and sanitary measures, 55; in Altenburg, 56;—literature, 78; progress of, 79; in New York and Brooklyn, 80; first case in New York, in 1866, 94; progress of, 107, 124; and sanitary police of New York, 125; not contagious, 143; treatment of, 150; progress of, 163; new work on, 164; on the Mississippi, 179; subcutaneous injections in, 180; conference at Constantinople, 182; in Savannah, 187; progress of, 202; spontaneous origin of, 205; mist, 207; history of a case, 226; Gasson's treatment for, 239; dilute sulphuric acid as a prophylactic in, 239; in Iowa, 244; British Commissioners to Conference, 244; portability and quarantine, 263; sporadic case, 264; in Italy, 287; death of M.M. Gilbert and Chaussier, 287; contagiousness of, 427; some remarks on, 429; guaco as a remedy, 447; and contagion, 535; in Kansas City, Mo., 539.
Chorea; how shall I treat it? 179, 223, 242, 286, 345.
Clavicle, fracture of, 362.
Cicatrix, operation without, 175.
"Clean shave," 167.
Club-foot, 8.
Cod-liver oil, 423.
Coffee, utility of, in soldier's diet, 438.
Colleges: Maine, 54; Phila. Dental, 165; Agricultural, 327; of phys. and surgeons, Kingston, Canada, 242.
Collodion, mercurial, to remove discolored syphilitic patches, 239.
Compliments, post-mortem, 493.
Complaint, a well founded one, 25.
Congress: international medical, at Paris, 77; of social science 424.
Conjunctivitis, granular, 362.
Contagion, 529.
Copenhagen, letter from, 224.
Corpus callosum, deficiency of, 340.
Corrosive sublimate, poisoning by, 420.
Copper, chloride of, medical uses, 364.
Coxalgia, 236.
Coxarix morbus, successful exsection of head and neck of femur of, 502.
Croup: tracheotomy in, 401; inhalation of lime water in, 527.
Crystals, dumb-bell, origin of, 200.

D.

Daercycystitis, 265.
Dead apparently, means for restoring, 206.
Death: from fear, 267; by battle and disease, 286; hour of, 305.
Delirium tremens, 386; capsicum in, 101; internal use of chloroform in, 133, 226, 406, 445; digitalis and bromide of potassium in, 258.
Delivery, case of forceps, 389.
Deltoid muscle, artificial treatment for luxation of the scapular extremity of clavicle, 237.
Deodorizer and disinfectant: Thompson's, 146; Baker's, 207.
Diabetes, citrate of soda in, 401.

Diagnosis: of albuminuria, 239; importance of correct, 305; differential and empyema, 322; use of thermometer in, 419, 462; differential of cerebro-spinal meningitis and typhus fever, 503.
 Diarrhoea: choleraic, 44; camp, 82.
 "Diaploa," 355.
 Digitalis: in delirium tremens, 258; its uses, 393.
 Diphtheria: lime inhalations in, 26, 77; permanganate of potassa and lime inhalations in, 224; statistics of, 260; hypsulphites in, 341.
 Discovery, important, 120.
 Disease in Austrian and Prussian armies, 56.
 Disinfectant: steam as a, 23, 130; Thompson's, 146; Baker's, 207.
 Dislocation of testicle, 304; of hip joint, 305.
 Dispensary, Germantown, cases in, 436.
 Displacement, uterine, 24.
 Doctors, female, 387.
 Dropsy, ovarian, 237.
 Drugs versus *vis medicatrix*, 406.
 Dublin, letters from, 146, 181, 243, 285, 367, 421, 485.
 Dumb-bell crystals, origin of, 200.
 Duodenum, scirrhus of, 229.

E.

Ear: strumous disease of, 143; lymphatic enlargement of, 497.
 Ectropion of both eyelids, 160.

EDITORIALS:

Volume Fifteenth, 20; photography applied to the microscope, 21; the Metropolitan Board of Health and Academy of Medicine New York, 22; American Medical Association, 23. An International Medical Congress, 53.
 R. D. Mussey, M. D., LL.D., 75; lime inhalations in diphtheria—in junctions—Medical Congress at Paris, 77; care of inebriates, 78.
 Chapter on "Army Itch," 104; late J. T. Calhoun, 106; progress of cholera, 107.
 Emigrant Hospital of New York State—progress of cholera, 124; cholera and sanitary police, 125.
 Braithwaite's Retrospect, 146.
 Medical education, 162; Dr. E. Warren—progress of cholera, 163.
 A professional satire, 179; progress of cholera, 202; medical education, 203.
 The cholera, 223; formation of county medical Societies, 241.
 Medical education—criminal abortion, 262; quarantine and portability of cholera, 263.
 State of medical Science—Prof. Bennett's address, 282.
 Medical classes, 202.
 Prizes, 324.
 Mott Memorial Library, 343.
 What we have done since July, 366.
 Vital statistics of Massachusetts—illness of Emperor Louis Napoleon, 383.
 Vital statistics of Massachusetts, 403.
 Specimen of British quackery—the poor, 422.
 Dr. C. L. Disonor, 441; remarkable life insurance dodge, 441.
 International Med. Congress at Paris, 465; quackery in the profession, 466.
 Sanitary department of the universal exposition at Paris, 505.
 Volume Sixteenth—experimental physiology, 522; the social evil—trichina, 525.
 General accidents which result in death after surgical operations, 538.
 Education: physical, 79; medical, 162, 203, 243, 262.
 Electricity; death by, 247; prize essay on, 303.
 Elephantiasis Arabum, 108; successfully treated by ligature of main artery, 323.
 Emansio mensium, 70.
 Embolism, cerebral, 299.
 Embryulcia, case of premature labor, 526.
 EMPEROR L. NAPOLEON, illness of, 383.
 Empyema, differential diagnosis of, 322.
 Encephaloid disease of thigh, 98.
 Epilepsy: treated by bromide of potassium, 253; unilateral sweating in, 420.
 Epileptics, hospital for, 443.
 Epithelial cancer: of uterine neck, 98; of cervix uteri, 486.
 Epithelioma: at unusual age, 321; result of operation, 338; of both lips, 339.
 Epulis, 235, 379.
 Ergot and chloroform, 127.
 Erythema, 497.
 Erysipelas, iodide of potassium for, 462.
 Ether spray in reduction of hernia, 482, 521.
 Etiology of epidemics—prize offered, 304.
 Evil, the social, 204.
 Evolution, spontaneous, 386.
 Exchanges, literary, 103.
 Expectoant, bakus, a new, 126.
 Exsection, successful of head and neck of femur in morbus coxarius, 502.
 Eye and ear, strumous disease of, 143.
 Eyes: fracture of lens and anterior capsules in hanging, 341; weak, 446.

F.

Face, plastic operation on, 460.
 Faeces, impacted in pouch of rectum, 161.
 Families in France, diminution of, 485.
 Fat, in animal body, source of, 346.
 Female sex, where it prevails (French), 151.
 Femur: luxation of, into the foramen ovale—manipulation r. pulleys, 316; successful exsection of head and neck for morbus coxarius, 502.
 Fever: puerperal, 9, 285; typhus and typhoid, 146; and ozone, 147; spotted, 195, 426, 486; nitro-muriatic acid and strychnia in, 218; eruptive, coincidence of, 323; mixed, 367, 425; varieties, 486; differential diagnosis of typhus and cerebro-spinal meningitis, 503; and ague, 523.
 Fibula, necrosis of, 98.
 Filter, poor man's, 267.
 Finger: nevus materni on, 459; supernumerary, 507.
 Fistula: vesico vaginal, history and treatment, 1, 73, 87, 115, 151, 190, 272, 309, 529, 373, 391, 413, 478; anal, in a tuberculous patient, 199; and anal ulceration, 458.
 Flatulency, 178.
 Fœtus: retained in utero 43 years, 16; dead, carried two months, 127; extraordinary viability of, 150; respiration, etc., at five months, 344; carried 13 months; dead nine months, 467; punctured wound of, in uterus, 502.
 Forceps: delivery by, 220, 222, 389.
 Foreign substances, long continued presence of, 68.
 Foot, gunshot wound of, 363.
 Fracture: of skull, 44; of inferior maxilla—compound of tibia 67; of clavicle, 362, 534.
 Fundus oculi, 307.

G.

Ganglions lymphatic, scirrhus of, 256.
 Gas, explosion in physician's office, 246.
 Gasson's treatment for cholera, 239.
 Gastrostomy successfully performed in ruptured uterus, 160.
 Glycerine, use of, 482.
 GREVILLE, R. K., M. D., notice of death, 111.
 Guaco, a remedy for cholera, 447.
 Guillotine, inventor of, 27.

H.

Hair: blanching of, 267; hypertrophy of scalp, etc., 459.
 Hare-lip, 460, 498.
 HARVEY, W. H., notice of death, 54.
 Health: Metropolitan Board of, and Academy of Medicine, 22; effect of rain on, 206; public—comparison of, in cities, 446.
 Heart: action of, 464; gunshot wound of, 502.
 Heart's contraction, nature of, 401.
 Hemiplegia: of right side, with aphasia, 161; hysterical, 278.
 Hemorrhage, concealed uterine, during pregnancy, 536.
 Hernia: operation for radical cure of, 319; comparative frequency of varieties of;—ventral, cured by subcutaneous incision, 451; ether spray in strangulated, 482; ether spray in reduction of, 521.
 Hip-joint: contusion of, 144; successful amputation of, 259; dislocation of, 305.
 Homœopathy, practical, 130.

HOSPITAL REPORTS:

Jefferson Medical College:

Case of club-foot—tuberculosis of knee-joint, 8.
 Syphilis of the osseous system, 42; pilous sebaceous tumor—necrosis—onychia maligna, 43.
 Long continued presence of foreign substances—tumor, 68; strabismus—necrosis of thigh-bone—torticollis, 69.
 Necrosis of fibula—encephaloid disease of thigh, 98.
 Strumous disease of eye and ear—scrofulous abscesses, 143; contusion of hip-joint, 144.
 Ectropion of both eyelids—chilblain, 160; partial anchylosis of knee-joint, 161.
 No cicatrix from operation—nevus, 175.
 Anal fistula in tuberculous patient, 199; fatty tumor—scrofulous abscesses, 200.
 OZÆNA—epulis—cataract, 235; abscess of lachrymal sac—ulcers of lip—coxalgia, 236.
 Scirrhus of lymphatic ganglion, 256.
 Symmetrical scleroma and maculae—syphilitic periostitis—remarkable curvature of spine, 279; abscess of abdominal wall—enlargement of the spleen, 280.
 Fatty tumor in an uncommon situation—anchylosis of knee-joint—encephaloid tumor of thigh, 298; malformation of nasal septum, 299.
 Epithelioma at an unusual age—eversion of mucous membrane of upper lip, 321.
 Result of operation for epithelioma, 338; epithelioma of both lips—mammary cancer, 339.
 Wart-like excrescence on tongue—epulis—hypertrophy of tonsils, 379.
 Hydrorachitis—operation for lithotomy, 397.
 Primary syphilis—chronic abscesses, 415; Pott's disease of spine—paraplegia, 416.
 Necrosis of temporal bone—effects of rhinoplastic operation—mammary tumor of doubtful character, 437.

Cataract—anal ulceration and fistule, 458; *nervus materni* on finger—hypertrophy of hair and scalp, 459.
 Ranula, 479; large sebaceous tumor in an unusual place—hereditary syphilis, 480.
 Lithotomy—congenital pilous tumor over the patella—lymphatic enlargement—whitlow—erythema, 497; hare-lip 498.
 Syphilitic ulcer; carcinomatous tumor on arm, 533; incomplete fracture of clavicle, 534.

Long Island College Hospital:

Menstrual derangements, 69; *emansio mensium*, 70; amenorrhoea caused by exposure to cold, 70; menorrhagia from plethora, 71; menorrhagia with anemia, 72.
 Menorrhagia following miscarriage, 98; malignant disease of uterus, 99; carcinoma uteri, 100.
 Abnormal labor requiring forceps delivery, 220; inertia of uterus—instrumental delivery, 221; difficult labor—labor in case with congenital narrowing of vulva, 222.
 Ovarian prosoy—tuberculosis involving right ovary, 237.

Pennsylvania Hospital:

Fracture of inferior maxilla—compound fracture of tibia, 67; detachment of tendon of patella—incised wound of the neck, 68.
 Operation for radical cure of hernia, 319.
 Pathological specimens, 361; fracture of clavicle—granular conjunctivitis, 362; phymosis—gunshot wound of foot—amputation, 363.
 Human race degenerating in our cities, 306.
 “ species, unity of, 507.
 Humerus, dislocation of, 525.
 Hydrogen, peroxide of, 130.
 Hydrocele, 73.
 Hydrorachitis, 397.
 Hypertrophy of the hair and scalp, 459.
 Hypodermic injections, 461; in extreme irritability of stomach, 205; the dangers of, 519.
 Hyposulphites in diphtheria, 341.
 Hysteria, with partial catalepsy, 117.
 Hysterical delirium, 149; hemiplegia, 278.

I.

Idiots, training of, 56.
 Incus and stapes, disconnection of; effects upon hearing, 72.
 Indium, 540.
 Inebriates, care of, 78.
 Infants, new born, dressing of, 265.
 Infected ports, what constitutes, 204.
 Infirmity, eye and ear, Chicago, 204.
 Injections: subcutaneous, in cholera, 180; in extreme irritability of stomach, 205; hypodermic, 461; dangers of, 519.
 Injunctions, 77.
 Injustice, 127.
 Insane: in public service, provision for, 110; hospital for, in Connecticut, 423.
 Insects, value of, 488.
 International Medical Congress at Paris, 77.
 Intestinal dejection of starch, 504.
 Intestines, penetrating wound of abdomen, and, 382.
 Iodide of potassium: action increased by ammonia, 339; in erysipelas, 462.
 Iodine, a new test for, 508.
 Iron treatment, 507.
 Iron, chloride of, in spinal meningitis, 81.
 Itch, 131; camp, 286.

J.

Journals, new, 80.

K.

KAYANAGH, ARTHUR, 407.
 Knee joint: tuberculosis of, 8; partial ankylosis of, 161; ankylosis of, 298; exsection of, 405.

L.

Labium, tumor of, 502.
 Labor: value of uterine agents in—discussion, 44; abnormal, forceps delivery, 220, 221, 222; premature—remarkable case of, 526.
 Lancet, a plea for, 480.
 Laryngoscope, lecture on the use of, 349.
 Laryngoscopy, and its uses, 350, 417.
 Laudanum, poisoning by, 420.
 Legislation, advancement of science by means of, 539.
 Lens, crystalline, structure of, 239.
 Limbs, artificial, 167, 227, 367.
 Lime inhalations in diphtheria, 26, 77.
 Lime water in croup, 527.
 Lip: ulcers of, 236; upper, epithelioma—mucous membrane, eversion of, 321; result of operation, 338; of both lips, 339.
 Liquid glass, surgical uses of, 52.
 Lithopædion, 4.
 Lithotomy: operation for, 397; results, 497.
 Liver: fatty degeneration of, 289; cancer of, 405.
 Lunatic asylums, 43; patients in Scotland, 110.

Lymphatic: ganglions, sciirhus of, 256; enlargement of ear, 497.

M.

Malformation of mouth, nose, and palate, at birth, 506.
 Malpractice, 303; and its legal relations, 445.
 Mammary: cancer, 339; tumor of doubtful character, 437.
 Manipulation *versus* pulleys—luxation of femur, 316.
 Manslaughter, 131.
 Massachusetts, vital statistics of, 383, 403, 443.
 Maxilla, inferior, fracture of, 67.
 Meat: preservation of, 82; paraffine for preserving, 407.
 Medical: statistics, new work forthcoming, 80; fragments, 88; education, 162, 203, 243, 262; act, amendment to, 180; service, British and American compared, 181; societies, formation of, 241; practical teaching, 263; science, state of, 282; discussions in newspapers, 284; observations in Asia, 302; Journal Association in New York, 327; prescription through Atlantic cable—practitioners in Great Britain—Congress in Paris, 465; Record, 467; International Congress, 484; officers in British Army and Navy, 1077; salaries of Irish officers, 180; uses of chloride of copper, 364.

MEDICAL SOCIETIES:

Academy of Medicine, New York:

Discussion on chronic metritis, 438, 516, 534.

Cumberland co., Pa., 109.

Cumberland co., N. J., 423.

Harford co., Md., 438.

Iowa, State, Annual Meeting, 16.

Newark (N. J.) Medical Association:

Fracture of skull—death from concussion—stricture of oesophagus—death—choleraic diarrhoea—discussion on value of uterine agents in labor, 44.

New York co., 405.

New York Medical Journal Association:

Plastic surgery, 459; hare lip—plastic operations for deformity of face, 460.

Omaha, Nebraska, 507.

Pathological Society, New York:

Extensive tuberculosis in a child, 501; morbus coxarius—successful section of head and neck of femur—tumor of labium magus—gunshot wound of heart—necrosis of skull, 502.

Pennsylvania, State, Minutes of 17th Annual Session, 47.

Philadelphia County:

Discussion on puerperal fever, 9; laryngoscopy, its uses in diseases of throat and windpipe, 380, 417.

Vermont State Society:

Minutes of Semi-Annual Session—dysentery, 12; scarlatina—cholera, 14; Minutes of Fifty-second Annual Session, 398.

Medicine: and politics, 283; practical, 446.

Meningitis: spinal, tinct. chloride of iron in, 81; cerebro-spinal, 141; do., nitro-muriatic acid and strychnia in, 218.

Menorrhagia: from plethora, 74; following miscarriage, 98; quinia in, 323.

Menstrual derangements, 69.

Menstruation: scanty, with anemia, 69; in pregnancy, 300; precocious, 274, 526.

Mercurial: non, treatment in syphilis, 418; collodion, for syphilitic patches, 239.

Meteorology, 28, 56, 84, 112, 131, 152, 168, 188, 208, 228, 248, 278, 288, 308, 328, 348, 368, 388, 408, 428, 448, 468, 488, 508, 528, 540.

Meteors, 87.

Metric system, 12, 303.

Microscope: photography applied to, 21; a powerful, 327.

Military surgeons, Italian, 131.

“ asylums, U. S., 166.

Milk, chloroform in, 407.

Miscarriage, followed by menorrhagia, 98.

Missed labor, remarkable case—retention of fœtus fifteen years, 16.

Mist, cholera, 207.

Mortality of Providence, R. I., 324.

Mouth, diseases of, 85, 113, 270.

“ piece, improved, for administering nitro-oxyd gas, 389.

Muscle, artificial deltoid, treatment for luxation of the scapular extremity of clavicle, 257.

Muscles, trunkal, physiological and pathological relations, with the therapeutic indications involved, 4, 35, 90, 136, 172, 232, 275, 291, 322, 375, 513.

Muscular work and heat, 267.

Mutilation by savages, 468.

N.

Narceine, physiological action of, 239.
 Nasal septum, malformation of, 299.
 Nashville, University of, 227.
 Navy and army, changes in, 27, 56, 83, 111, 131, 151, 167, 188, 208, 227, 247, 267, 287, 307, 327, 347, 387, 427, 447, 468, 508, 528.
 Neck, incised wound of, 68.
 Necrosis, 43; of thigh-bone, 69; phosphor, 85, 113; of fibula, 98; of temporal bone, 437; of skull, 502.
 Nevus, 175; materni on finger, 459.
 Newport, R. I.—Is there a healthier place? 467.
 Nitro-glycerine, another explosion, 27.
 Nostrums, 382.
 Nuisance, human, 382.

O.

OBITUARIES:

Reuben Dimond Mussey, M. D., LL.D., 75; J. Theodore Calhoun, M. D., 106; Joseph Toynbee, F. R. S., 128; A. A. Gould, 268; R. W. Gibbs, 368; C. S. Tripler, U. S. A., 408; W. B. Ewing, 428; Daniel Brainard, 448.
 Obscure disease, 122.
 Oesophagus: foreign substances in trachea and—cancer of, in upper part, 177.
 Oil, cod-liver, tasteless, 423, 469.
 Oleum morrhua, 469.
 Onychia maligna, 43.
 Operation, without cicatrix, 175.
 Ophthalmic surgery, 423.
 Ophthalmological society, American, 109.
 Ophthalmoscope, clinical use of, 411.
 Opium: American, cultivation of, 79; adulteration of, 187; beladonna, antidote for, 225.
 Organic remains, 463.
 Orthography, specimen of, 445.
 Os uteri, mechanical dilation, and placenta prævia, 295.
 Ovary, tuberculous involving, 237.
 Ovarian: dropsy, 237; tumor—treatment of pedicle by actual cautery, 439.
 Ovariectomy, 131, 259, 281, 494; on dealing with the pedicle in, 480.
 Owen, Professor, 27.
 Oxide, carbonic, poisoning by, and successful transfusion of blood, 73.
 Oxygen, preparation of, 488.
 Ozæna, 235.
 Ozone, and typhus fever, 147, 488.

P.

Paraffine for preserving meat, 507.
 Paraplegia, 416.
 Paris Exposition, 77, 443.
 Patella: detachment of tendon, 68; fracture of by muscular action, 431; congenital pilous tumor of, 497.
 Pathological specimens, 361.
 Pelvis, fracture from gunshot wound, 433.
 Pepsin, syrup of, with bitter orange, 167.
 Per-oxide of hydrogen, 130.
 Pessary, new medicated, 147.
 Petroleum in prurigo, 201.
 Pharmaceutical Association, American, 247.
 Pharmacopœia, new French, 447.
 Phlebitis, after gunshot wound, 432.
 Phosphor-necrosis, 85.
 Photography, applied to the microscope, 21.
 Physicians: dishonorable conduct in, 263; visiting list, 240; privileges, 466.
 Physiological and pathological relations of the trunkal muscles, with the therapeutic indications involved, 4, 35, 90, 136, 172, 232, 275, 291, 332, 375, 513, 531.
 Physiology: of Todd and Bowman, 147; experimental, 522; and hygiene, 498.
 Pierce, 23½ inches long, removed from a female bladder, 295.
 Placenta prævia, 139; and mechanical dilation of the os uteri, 295.
 Plastic operation for deformity of the face, 460.
 Pleuritic effusion, 430.
 Pneumonia, with pleurisy, 219.
 Poisoning, 166; by carbonic oxide, 73; by laudanum—corrosive sublimate, 420; by arsenical ointment, 468.
 Politics and medicine, 283.
 Polynesians and their migrations, 507.
 Poor, the, 422.
 Poor law commissioners, 181.
 Poor man's filter, 267.
 Potash, nitrate of, in intermittent fever, 340.
 Potassium: bromide, in delirium tremens, 258; in epilepsy, 233; in sleeplessness after uterine irritation, 341; iodide of, in erysipelas, 462.
 Pregnancy: anomalies of, Cæsarian section, 201; menstruation in, 300.
 Prizes, French Government, 27, 447.
 Prolapsus ani, 135.
 Prurigo, oil of petroleum in, 201.

Q.

Quacks, ignorance of, 345.
 Quackery: specimen of British, 422; in the profession, 466.
 Quarantine: of U. S. vessels at Havana, 206; proposed permanent at New York, 266; officers at Fortress Monroe, 267.
 "Quassia the Quack," 326.
 Quinine: chlorate of, 147; in menorrhagia, 823; in treatment of tetanus, 473.

R.

Ranula, 479.
 Rain, effects on health, 206.
 Record, Medical, 467.
 Rectum, impacted feces in pouch of, 161.
 Remains, organic, 468.
 Resuscitation from effects of chloroform, 131.
 Rhædine, a new alkaloid, 488.
 Rhino-plastic operation, effects of, 437.

REVIEWS AND BOOK NOTICES:

Anstie—Epidemics, 464.
 Barker—Preparation, administration, and properties of nitrous oxide gas, 123.
 Barth and Rogers—Manual of auscultation and percussion, 421.
 Bartholow—On spermatorrhœa, 240.
 Bennett—Lectures on practice of medicine, 520.
 Bowman—Introduction to chemistry, 440.
 Brown—On curability of certain forms of insanity, 240.
 Chambers—Effect of climate in Italy, 401.
 Coles—Microcosm—a poem, 52.
 Da Costa—Medical diagnosis, 144.
 "Inhalations in treatment of diseases of respiratory organs, 504.
 Dixon—Study of diseases of eye, 301.
 Echeverria—Reflex paralysis, 192.
 Elmer—Hand-book of practice, 440.
 Farre—Manual of materia medica and therapeutics, 341.
 Fletcher—Cholera—characteristics, history, etc., 74.
 Mint—On the chest, 440.
 Garrett—Medical electricity, 177.
 Grimsshaw—Thermometric observations in fever; atmospheric influence in typhus fever, 301.
 Hamilton—Fractures and dislocations, 463.
 Jewell—Cerebro-spinal meningitis, 521.
 Jones—Functional nervous disorders, 483.
 Lawrence—Hand-book of ophthalmic surgery, 144.
 McClure—Diseases in American states, etc., 482.
 Meigs—Cranial form of aborigines, 402.
 Mitchell—Paralysis from puerperal irritation, 102.
 Palmer—Asiatic cholera, 260.
 Peters—Asiatic cholera, 260.
 Prince—Orthopedics, 420.
 Rand—Elements of medical chemistry, 365.
 Read—Asiatic cholera, 260.
 Schiefflin—Diagnosis and prescription record, 464.
 Sims—Clinical notes on uterine surgery, etc., 17.
 Storer—Why not? a book for every woman, 74.
 Tanner—Index of diseases, 537.
 Taylor—Manual of medical jurisprudence, 420.
 Turnbull—On foreign bodies in the ear—a condensed statement of aural surgery, 73.
 Velpeau—Surgical clinic of La Charité, 519.
 Warring—Practical therapeutics, 439.
 Wood—Practice of medicine, 537.

S.

Salt, common, for wounds, 401.
 Sanitary measures, and cholera, 55; for Austrian Army, 111.
 Santonin, medical properties of, 166, 231, 245.
 Searlatina, 14.
 Science: British Association for advancement of, 285; social Congress of, 424.
 Scirrhus of duodenum, 229; of lymphatic ganglion, 256.
 Scleroma and macula, symmetrical, 279.
 Scrofula, 7.
 Scrofulous abscess, 143.
 Sebaceous pilous tumor, 43, 69.
 Sewerage, value of, 325.
 Ships and immigration, unhealthy condition of, 83.
 "Sisters," their nursing, 284.
 Skull: fracture of, 44; necrosis of, 502.
 Social evil, 204, 525.
 Soda: citrate of, in diabetes, 401; manufacture of carbonate of, 540.
 Sodium, chloride of, in wounds, 190.
 Species, human, unity of, 507.
 Spectacles, metallic, 488.
 Spinal meningitis, treated by tincture of chloride of iron, 81, 141.
 Spine: lateral curvature of, remarkable, 279; Pott's disease of, 416.
 Spleen, enlargement of, 280.
 Splinter, seven years in muscle of fore-arm without suppuration, 81.

Spotted fever, 195, 293, 344, 426.
 Starch, intestinal dejections of, 504.
 Statistics: of women in France, 151; cholera in New York, 207; of Massachusetts, 383, 403, 443.
 Steam as a disinfectant, 23.
 Stomach: cancer of, 93, 495; extreme irritability of, hypodermic injections in, 205.
 Strabismus, 69.
 Stricture of œsophagus—death, 44.
 Strumous disease of eye and ear, 143.
 Strychnia and nitro-muriatic acid in cerebro-spinal meningitis, 218.
 Sugar, osmotic process of separating, 482.
 Suicide, strange cause for, 528.
 Sulphuric acid, dilute, a prophylactic in cholera, 239.
 “ “ to detect in vinegar, 487.
 Surgery, ophthalmic, 423.
 Surgical: uses of liquid glass, 52; cases from McClellan Military Hospital, 432; operations, accidents which result in death after, 538.
 Swinging, as a remedy for nervous paroxysms, 404.
 Syphilis: of the osseous system, 42; communicated by a kiss, 321; primary, 415; non-mercurial treatment for, 418; hereditary, 480.
 Syphilitic: affections, 165; patches, mercurial collodion to remove, 239; necrosis, 270.
 T.
 Tea, chemical analysis of a cup of, 267.
 Teeth, artificial set swallowed and passed through bowels, 478.
 Temperaments, their influence on mental disease, 449.
 Temporal bone, necrosis of, 437.
 Testicle: probable dislocation of, 201; abscess of non-descending, 281; dislocation of, 304.
 Tetanus, traumatic, quinine in, 475.
 Tibia, compound fracture of, 67.
 Therapeutics, ancient Jewish, in certain female diseases, 385.
 Thermo-electric battery, new, 307.
 Thermometer: use of in diagnosis, 419; and in prognosis, 462.
 Thigh-bone: necrosis of, 69; encephaloid disease of, 98.
 Tobacco's deodorizer and disinfectant, 146.
 Tobacco, in our public institutions, 506.
 Tongue, wart-like excrescences on, 379.
 Tonsils, hypertrophy of, 379.
 Torticollis, 69.
 Trachea: ascaris lumbricoides in, 51; and œsophagus, foreign substances in, 177.
 Tracheotomy, in croup, 401.
 Transfusion in anemia, 255.
 Trichiniasis, 525; fifteen cases of, 41; in Iowa, 82.
 Triplets, cases of, 111, 131.
 Tubercle, virus of, 247.
 Tuberculosis: of knee-joint, 8; pulmonary, 8; in a child, 501; involving right ovary, 237.
 Tumor: pilous, sebaceous, 43; sebaceous, 68; fatty, 200; scrofulous, 143, 200; fatty, in uncommon situation—encephaloid of thigh, 298; mammary, 339; double ovarian—mammary of doubtful character, 437; sebaceous, 480; congenital pilous, over patella, 497; of labium magus, 502; carcinomatous, 533.
 Twins, one placenta, one cord, and one set of membranes, 24.
 Typhus fever, atmospheric conditions influencing the prevalence of, 73.

U.

Ulcer of lip, 236.
 “ syphilitic, 533.
 Umbilical cœcum in a human subject, 142.
 Unilateral sweating in epilepsy, 420.
 University: of New York 110; of Vermont, 150; Harvard, 165; Willamette, Oregon, 485.
 Urea, crystallization of, 167.
 Uremia, with Bright's disease, 29.
 Urticaria, treatment of, 420.
 Uteri: carcinoma, 100; procerdientia, 426.
 Uterus: displacements of (see muscles, trunkal); malignant disease of, 99; rupture of, 149; laceration of, 176; inertia of, instrumental delivery, 221; retroflexion of, three years' standing, 254, 269; foreign body in, producing obstinate vomiting, 323; inversion after delivery, 339; hour-glass contraction of, 453; inversion, of three months' duration, replaced, 315.

V.

Vaccination, 244.
 Vaccine virus, preservation of, 240, 307, 385.
 Value of uterine agents in labor, 44.
 Veratrum viride, physiological properties and therapeutical action of, 258.
 Vesico-vaginal fistula, history and treatment, 1, 33, 57, 115, 151, 190, 272, 309, 329, 373, 391, 413, 478.
 Vinegar, to detect sulphuric acid in, 487.
 Vis medicatrix v. drugs, 436.
 Vision, defective and impaired, 411.
 Vomiting, obstinate case connected with foreign body in uterus, 323.
 Vulva, labor in case of congenital narrowing of, 222.

W.

War, glorious, 346.
 Wart-like excrescence on tongue, 379.
 Weather, hottest for the century, 110.
 Weights, and measures, metric, 12.
 What we have done since July, 366.
 Wife of John Michaels, 111.
 Whitlow, 497.
 Women and lightning, 9.
 Wonders, age of, 307.
 Workhouse hospitals in London, 180.
 Wound: incised, of neck, 68; chloride of sodium in treatment of, 190; gunshot, of foot, amputation, 383; common salt for, 401; gunshot of heart, 502.

INDEX OF CONTRIBUTORS.

Adolphus, Jos.:

Spotted fever, 293; digitalis and its uses, 393; oleum morrhue, 469.

Agnew, D. Hays:

Vesico-vaginal fistula, 1, 33, 57, 115, 151, 190, 272, 309, 329, 373, 391, 413, 478; surgical clinics, (see Pennsylvania Hospital); radical cure of hernia, 319.

Ancrum, J. L.:

Twins, one placenta, two cords, and one set of membranes, 149.

Atkinson, W. B.:

Philadelphia Co. Med. Society, 9; Pennsylvania State Med. Society, 47.

Balliet, L. B.:

Medical properties of santolin, 245; Jewish therapeutics, 385.

Banning, E. P.:

Physiological and pathological relations of the trunkal muscles, with the therapeutic indications involved, 4, 35, 90, 136, 172, 232, 275, 291, 332, 375, 513, 531.

Bardwell, T. S.:

Trichiniasis, 41.

Belden, E. S.:

Reports, 498, 516, 534.

Birdsall, S.:

Wound of brachial artery and median nerve, 434.

Bissell, Aug.:

Dislocation of hip-joint, 305.

Bunting, R. R.:

Hysterical delirium, 149.

Burnett, J. B.:

Hysteria, with partial catalepsy, 117; epilepsy treated with bromide of potassium, 253; hysterical hemiplegia, 278; fatty degeneration of liver, 289; aneurism of arch of aorta, 337; Bright's disease, 354; case of forceps delivery, 389; œdema from anæmia, 410; paracentesis thoracis, 431; angina pectoris, 474; cancer of stomach, 495.

Butler, L. C.:

Vermont Medical Society, 12, 399; dislocation of humerus; early menstruation, 526.

Byrd, H. L.:

On amputations, 409; quinia in traumatic tetanus, 473.

Byrnes, Thos.:

Lime inhalations in diphtheria, 26.

Calvert, M.:

Camp itch, 286; mixed fevers, 426.

Chamberlain, S.:

Spinal meningitis treated by tincture chloride of iron, 81.

Chapman, E. N.:

Menstrual derangements, 69; menorrhagia following miscarriage, 98; malignant diseases of uterus, 99; carcinoma uteri, 100; abnormal labor; forceps delivery, 220; inertia of uterus; instrumental delivery, 221; difficult labor; do. from congenital narrowing of vulva, 222; ovarian dropsy; tuberculosis, involving right ovary, 237.

Cohen, J. L.:

Laryngoscopy and its uses, 380, 417.

Coues, Elliot:

Umbilical cæcum in human subject, 142.

Cutter, E.:

On nebulization, 38, 60.

"D., B. H.:"

Cholera not contagious, 148.

Da Costa, J. M.:

Bright's disease, 29; laryngoscope, 349.

Day, Ira:

How to treat chorea, 223.

Dreher, J. C.:

Dead fœtus carried two months, 127.

Dutcher, A. P.:

Pulmonary tuberculosis, 88; lecture on age, 369; do. on temperaments, 449.

Ellsworth, P. W.:

A new caustic, 435.

Farnsworth, P. J.:

Case of obscure disease, 122; cholera in Iowa, 244, 429.

Fetherolf, A. P.:

Aphonia, 148.

Francis, S. W.:

Biographical Sketches of—Martyn Paine, 63; John W. Draper, 96; J. H. Griscom, 118; B. Fordyce Barker, 156; E. Brown Séquard, 169; James Anderson, 215; F. Campbell Stewart, 249; A. K. Gardner, 313; Isaac E. Taylor, 355; Isaac Wood, 454; Edward Delafield, 509.

Health of Newport, R. I., 467.

Freeman, J. N.:

Treatment of ague, 444.

Frost, C. P.:

Cancer of stomach, 93.

Galt, T.:

Artificial teeth swallowed, and passed through bowels, 487.

Garretson, Jas. E.:

Diseases of mouth, 85, 113, 270.

Gardener, W. W.:

Dacryocystitis, 265.

"Gotham:"

Letter from New York, 108.

Graves, Joshua B.:

Ovariectomy, 494.

Grimshaw, T. W.:

Letters from Dublin, 147, 180, 243, 285, 367, 424, 483.

Griscom, J. H.:

Retroflexion of uterus of three months standing, 254.

Gross, S. D.:

Club-foot; tuberculosis of knee-joint, 8; syphilis of osseous system, 42; pilous sebaceous tumor; necrosis; onychia maligna, 43.

Case of long continued presence of foreign substances; sebaceous tumor, 58; strabismus; necrosis of thigh bone; torticollis, 69.

Necrosis of fibula; encephaloid disease of thigh, 98.

Ectropion of both eyelids; chilblain, 160.

Strumous disease of the eye and ear; scrofulous abscesses, 143; contusion of hip-joint, 144.

No cicatrix after operation on young child; nevus, 175.

Anal fistule in tuberculous patient, 199; fatty tumor; scrofulous disease, 200.

Ozena; epulis; cataract, 235; abscess of lachrymal sac; coxalgia; ulcers of lip, 236.

Scirrhus of lymphatic ganglions, 256.

Symmetrical scleroma and maculae; syphilitic periostitis; remarkable lateral curvature of spine, 279; abscess of abdominal wall; enlargement of spleen, 280.

Fatty tumor in an uncommon situation; ankylosis of knee-joint; encephaloid tumor of thigh, 298; malformation of nasal septum, 299.

Epithelioma at an unusual age; eversion of mucous membrane of upper lip, 321.

Result of operation of epithelioma, 338; epithelioma of both lips; mammary cancer, 339.

Wart-like excrescence on tongue; epulis; hypertrophy of tonsils, 379.

Hydrorachitis; operation of lithotomy, 397.

Primary syphilis; chronic abscesses, 415; Pott's disease of the spine; paraplegia, 416.

Necrosis of temporal bone; effects of rhinoplastic operation; mammary tumor of doubtful character, 437.

Cataract; anal fistula and ulceration, 458; nevus materni on finger; hypertrophy of the hair and scalp, 459.

Ranula, 479; large sebaceous tumor in an unusual situation; hereditary syphilis, 480.

Lithotomy; congenital pilous tumor over the patella; lymphatic enlargement; whitlow; erythema, 497.

Hare-lip, 498.

Syphilitic ulcer; carcinomatous tumor on arm, 533.

Incomplete fracture of the clavicle, 534.

"H.:"

Treatment of cholera, 150.

"H., G. W.:"

Med. Society of Cumberland Co., Pa., 109.

Hall, A. D.:

Extraction of soft cataract by suction, 213.

Hall, E. J.:

Dislocation of testicle, 304.

Harry, S. M.:

Nitro-mur. acid and strychnia in cerebro-spinal meningitis, 218.

Heddens, W. J.:

Case of inverted uterus of three months' duration replaced, 515.

Henly, J.:

Internal use of chloroform in delirium tremens, 406.

Hodge, H. L.:

"Open lever," or horse-shoe pessary, 343.

Holloway, J. K.:

Ascaris lumbricoides, 127; cancer of liver, 405.

Holston, J. G. F.:

Remarkable case of premature labor, 526.

Horton, H. J.:

Belladonna, antidote for opium, 225.

Keyes, F. L.:

How to treat chorea, 223.

Leavitt, Thad. L.:

Cases in Germantown Dispensary, 436.

- Lawson, H. M.* :
Cerebro-spinal meningitis, 141.
- McClellan, E.* :
Chloroform in delirium tremens, 133, 445; do. in sporadic cholera, 158.
- McElroy, Z. C.* :
Medical properties of santonin, 166.
- Marsden, W.* :
Contagiousness of cholera, 427.
- Meachem, J. G.* :
Splinter seven years in forearm without suppuration, 81.
- Miner, G. H.* :
Spontaneous evolution, 386; hour-glass contraction, 453.
- Moore, C. V.* :
On diphtheria, 224.
- Morgan, J. W.* :
Procidencia uteri, 426.
- Morrell, I.* :
History of a case of cholera, 226.
- Morse, D. A.* :
Camp diarrhœa, 296; On contagion, 529.
- Morton, T. G.* :
Piercer removed from female bladder, 395.
- Moulton, P.* :
Spontaneous origin of cholera, 205.
- Myers, W. W.* :
Scrofula, 7; prolapsus ani, 135; transfusion in anæmia, 255.
- Napheys, G. H.* :
Reports of clinics, 8, 29, 42, 67, 98, 143, 160, 175, 199, 235, 256, 279, 298, 319, 321, 339, 379, 397, 416, 437, 458, 479, 533.
- Neal, B. G.* :
Delirium tremens, 386.
- Newton, C.* :
Supernumerary fingers, 507.
- Oppelt, E. A.* :
Ergot and chloroform, 127; how to treat chorea, 223.
- Page, S.* :
Pneumonitis with pleurisy, 219.
- Pancoast, W. H.* :
Pathological specimens, 361; fracture of clavicle—granular conjunctivitis, 362; phymosis—gun-shot wound of foot—amputation, 363.
- “*Physician.*”
A well founded complaint, 25.
- Purvis, G. W.* :
Fœtus carried thirteen months, etc., 467.
- Quimby, J. N.* :
New operation at ankle-joint, 396.
- Reynolds, B. F.* :
Case of twins, etc., 25.
- Ripley, J. N.* :
Omaha Medical Society, 507.
- Ritter, J.* :
Singular case of malformation, 506.
- Satterthwaite, A.* :
Chloroform in delirium tremens, 226.
- Schofield, J. B.* :
Kommune Hospital at Copenhagen, 224.
- Sell, E. H. M.* :
First case of cholera in New York in 1866, 94.
- Skene, A. J. C.* :
Clinic reports, 69, 98, 220, 237. Inhalations of lime-water in croup, 527.
- Smith, T. B.* :
Spotted fever, 195, 427.
- Snowden, S. G.* :
Chorea, 345.
- Spencer, H. A.* :
Spotted fever, 344.
- Stanton, D.* :
Chorea, 286.
- Stephens, T. S.* :
Improved mouth-piece for nitrous-oxyd gas, 25.
- Stoltz, J.* :
Respiration and life in fœtus at five months, 344.
- Taylor, Jas.* :
Amomalous condition of lateral ventricles of brain, 540.
- Toad, W. C.* :
Hypodermic injections in extreme irritability of stomach, 205.
- Travers, F. K.* :
Sporadic cholera, 264.
- “*Trimount.*”
Letter from Boston, 55.
- Turnbull, L.* :
Amblyopia, amaurosis, and extraction of cataract, 209. Clinical use of ophthalmoscope—diagnosis and treatment, 411.
- Van Giesen, R. E.* :
Medical properties of santonin, 231.
- Wells, H. Lehman.* :
Report of surgical cases, 412.
- White, J. L.* :
Rupture of uterus, 149.
- Whitehead, W. E.* :
Camp diarrhœa, 82.
- Wills, S. E.* :
Vaccination, 244.
- Wilson, B. B.* :
A plea for the lancet, 489.
- Wood, E. A.* :
Placenta prævia, 189; scirrhus of duodenum, 229.

THE MEDICAL AND SURGICAL REPORTER.

No. 488.]

PHILADELPHIA, JULY 7, 1866.

[Vol. XV.—No. 1.]

ORIGINAL DEPARTMENT.

Communications.

VESICO-VAGINAL FISTULA:

Its History and Treatment.

By D. HAYES AGNEW, M. D.,

Demonstrator of Anatomy and Assistant Lecturer on Clinical Surgery in the University of Pennsylvania; one of the Surgeons of the Pennsylvania Hospital; and one of the Surgeons of the Will's Hospital for Diseases of the Eye.

History.

There is much consoling in the thought that, in most of the diseases and accidents incident to the body, the sufferers are not debarred the society, sympathy, and entertainment of friends. Such considerations greatly mitigate and sustain, under the severest physical distress. But there is one accident liable to occur in the female—and that, too, in the exercise of the highest function of her nature—which dooms her to isolation and seclusion, renders her presence intolerable to friends, and compels her to exist in an atmosphere repugnant in the highest degree to her own sense.

Until a very recent period, the unfortunate victim of vesico-vaginal fistula was obliged to confront her situation under the conviction that her case was absolutely hopeless, and has, in some instances, sought refuge from the mental suffering by self-destruction. One of the grandest triumphs of American surgery—for it is all her own—has been to step in and lead such forth into the light of day, and restore them to the bliss of family and social life.

Antecedent to the discovery of the forceps, such accidents must have been of very frequent occurrence, although comparatively little is said in medical or surgical works on the subject, as such, were, by common consent, regarded to be beyond the resources of obstetric surgery.

HIPPOCRATES speaks of a discharge of urine through the vagina sometimes following difficult labors, with some unimportant remarks in regard to cleanliness; no hint is anywhere thrown out, leading to an inference that such cases ad-

mitted of cure. Without disturbing the repose of ancient medical record, it may not prove uninteresting to interrogate a few comparatively modern authorities.

MAURICEAU, in his work, published in 1712, lays down the following aphorism: "*L'issuë involontaire de l'urine causée par une fistule qui s'est femme, est ordinairement incurable si elle duze plus si trois mois.*" No operation does he propose, but only looks for a cure, when it does occur, as a purely natural or spontaneous result.

HOFFMAN, in 1724, describes the accident, and refers it to the proper cause: "*Quando enim fibræ sub diuturnoribus partus laboribus ad infantis capiti, ad os pubis compressæ diu manet fieri deinde solet ut inflamentur, atque in abscessum abeant, aliquot denum a partu diebus consummandum; unde fluxus, et stillicidium urinæ per vaginam tertio demum, vel quarto die contingit.*" It is quite evident, too, the art of the Genevan embraced no means of repairing the accident.

ASTRUC, physician to the King of France in 1776, has no notice whatever of the affection in his work.

SMELLIE, in his publication of 1776, although he describes an operation for this form of fistula, had evidently never performed one himself or even witnessed it performed, as he adds, "*I wish the operation may not be found impracticable.*"

DENMAN alludes to ulceration and sloughing of the vagina after difficult labor, but suggests no remedy.

BURNS, in his work on midwifery, edited in 1820, by JAMES, describes the lesion, and advises a catheter to be worn for some time, under the conviction nothing else could be done.

CONQUEST, in his *Outlines of Midwifery*, published in London in 1820, insists on the propriety of attempting a cure by an operation, but does not designate any particular method, nor does he intimate a knowledge of any cures having been effected.

JAMES, in his *System of Midwifery*, of 1813, not only takes notice of this form of fistula, but advises the employment of an elastic catheter, and adds, *perhaps* it may heal. The same author also speaks of the use of caustic when the open-

ing is small, and freshening the edges when it is large, conjoined with the use of the catheter.

ASHWELL, quite a prominent practitioner and writer in London, in 1828, has no allusion to the subject whatever.

WILLIAM CAMPBELL, of Edinburgh, in 1833, appears to have given unusual attention to the subject. The opening is clearly described, and its most common location, near the neck of the bladder. In his experience, the catheter and recumbent position perseveringly employed has, when pronounced by others utterly hopeless, permanently *relieved* cases: the phraseology, it will be perceived, will not allow the conclusion that such were cured.

GOOCH, in 1831, alludes to a case having got well by a gum-elastic bottle, with a sponge attached, being pressed into the vagina and kept opposite the opening. This solitary case of reported cure is treated as a very unusual and extraordinary event.

The cases reported as cured by LALLEMANDE, PHILLIPS of Rheims, and VIDAL, in 1834, VELPEAU most positively asserts were not cures.

BLUNDELL, in his work published in 1834, disposes of the subject in a most summary manner by stating, a slough of the vagina may lay open the bladder.

RAMSBOTHAM, writing as late as 1841, does not treat of the subject.

DAVIS, in 1841, describes the manner in which such an opening is made, with the additional statement, "it is almost a universal fact, that they never do heal."

DEWEES, in his work on midwifery, makes no mention of it.

CHURCHILL, in 1844, speaks of all such openings as being perfectly hopeless.

SIMPSON, in his work published in 1865 and '66, when describing the result of long-continued pressure by the foetal head against the vesicovaginal septum, speaks of the slough separating and leaving an *incurable* fistula.

REYBARD, in 1856, published a paper on the palliative treatment of this form of fistula, believing the affection incapable of cure.

Let us now interrogate a few of the eminent surgeons abroad and at home, and ascertain with what voice they testify on this subject.

AMBROSE PARÉ's great work bears date 1582, and while the subject of fistula in general is discussed, this form is not even mentioned.

HEISTER mentions it as incurable.

SAMUEL COOPER, in his Surgical Dictionary, speaks of different kinds of fistula, but does not in any way allude to the one under considera-

tion. In 1808, in the 1st volume of his *Surgery* some methods of operation for the cure of such fistulae are described, but he evidently doubts their practicability.

MR. LISTON asserts that an operation only makes the patient worse, by converting a small into a large opening, and adds, "There is little hope in a case of any size." To the same conclusion tend the testimony of MR. EARLE and MR. LAWRENCE, both of whom state a successful operation impracticable.

CHELIUS says the prognosis is always very unfavorable.

MILLER believes a favorable result by any means improbable.

VELPEAU asserts of all the cases reported as cured, there were few free from doubt.

PIRRIE has not a word upon the subject. The subject is not introduced by name into the works of DORSEY or GIBSON.

DESAULT, in his *Treatise on the Urinary Organs*, confines himself simply to the palliative treatment.

DUPUYTREN only hoped, by cauterization, to effect something.

MR. EARLE, after thirty operations, succeeded in curing one case; no wonder he pronounced the operation the most difficult or unsatisfactory one in surgery.

NÉLATON, as late as 1854, talked of autoplasmic processes and the cautery. These are but a few of the names which might be introduced.

In 1839, Dr. HAYWARD, of Boston, succeeded in curing a case by freshening the edges, and approximating them with a thread suture. In 1840, two additional cases were treated, with a similar result, and although twenty operations were performed in attaining these three cures, yet, in a prospective point of view, their value cannot be overestimated.

In 1847, Dr. PANCOAST, Professor of Anatomy in the Jefferson Medical College, reported two cases, cured by a tongue, and grooved incision, the wound being adjusted by his silk-thread plastic suture. In the same year, Dr. METTAUER, of Virginia, gave to the profession the history of a case successfully treated by vivifying the edges, and uniting the same with leaden threads. Such occasional cures doubtless tended to inspire a hope of the ultimate curability of this disgusting disease; but it was not, however, until about 1852, when Dr. I. MARION SIMS, then of Montgomery, Alabama, gave to the profession the fruit of his labor and observation, by which this operation was removed from the category of probabilities, and crowned with a success which com-

pared favorably with any of the established operations in surgery. For this he has placed the civilized world under a debt of gratitude.

Causes.

Among the causes inducing this lesion may be enumerated:

FIRST. *The Pessary*.—When this instrument is out of proportion, and fitting badly, or corroded, or encrusted with saline matters, it may induce ulceration of the vagino-vesical septum. Profs. BEIRARDS and LISFRANC each relate a case of the bladder and rectum both being opened by a pessary; one of the patients died of peritonitis (*Jour. Nouv. Hebdom. de Med.*, t. 1, page 263.) A case of DUPUYTREN, in the Hotel Dieu, is recorded in the *Dict. des Sciences Med.*, t. vii., p. 47, of a young country woman, whose rectum, vagina, and bladder freely communicated in consequence of wearing a badly adapted instrument; both of these were produced by stem pessaries. A case of this kind is also cited by DESORMEAUX, a French physician. In most of them, doubtless, the ulceration was brought about by saline deposit on the exterior of the instrument, the angularities of which matter would very soon produce destruction of tissue. Other cases might be introduced in illustration of the same point. In earlier times it is probable such accidents were common, when a great variety of extraordinary materials were employed, not only for mechanical support, but as means of introducing remedial agents into the organs of generation; at present, improvements in the form and substance of mechanical supports will not be likely to furnish us a case illustrative of the condition under consideration.

SECOND. *Foreign substances in the bladder*.—Under this head may be mentioned vesical-calculi, examples of which are by no means rare. FABRICUS HILDANUS relates an instance of this nature. Sir BENJAMIN BRODIE another, in which the stone made its way into the vagina by ulceration; and a third is given by Sir ASTLEY COOPER. Dr. DUNLAP, of Norristown, in this State, exhibited to me a calculus as large as a hen's egg, which he extracted from the vagina of a female, who had long suffered from the disease, and which had perforated the vesico-vaginal septum. A most interesting fact connected with this case, was the perfect restoration of the parts subsequently by granulation. A very singular case occurred in the East London Lying-in Institute, reported in the January number of the French *Lancet* for 1838, of a woman who, in consequence of a chronic retention of urine, had acquired sufficient dexterity to catheterize herself. From some cause,

being without the usual instrument, she extemporized the catheter with the stem of a clay tobacco pipe. On one occasion it was broken, a portion remaining in the bladder, and which, in time, not only passed into the vagina, but finally into the uterus, from which it was extracted.

THIRD. *Carcinomatous and other forms of ulceration*.—Almost every work treating of the diseases of the female genitalia, furnish examples of malignant growths, involving the uterus, and gradually invading, by destructive ulceration, the vagina and rectum, until they become converted into a common cavity. Phægedenic chancre may produce a similar result. Two cases of this nature came under my own observation in the wards of the Philadelphia Hospital, rendering the poor, unfortunate outcasts, objects of the profoundest commiseration.

FOURTH. *Wounds of the Vagino-vesical wall in the legitimate and illegitimate use of instruments*. Under the first may be enumerated the careless employment of the obstetrical vectis or lever, bruising or lacerating the tissues by long-continued efforts to modify a foetal position, or the slipping of a perforator in cases of craniotomy. The forceps has come in for a large share of animadversion, but they have little agency in producing such an accident; their earlier and more frequent employment, particularly in educated hands, would have prevented many which have occurred. Under the second head may be adduced the violence committed by those ignorant scoundrels who flourish in every great city in their criminal attempts to procure abortion.

FIFTH. *Pressure of the foetal head*.—This, above all others, is the most common cause of vesico-vaginal fistula. It is probably not going too far to say 90 per cent. of such occurrences are due to the prolonged pressure of the foetal head. The testimony of almost all authors harmonizes in this particular. It was so regarded by MAURICEAU; yet singular enough, he was greatly opposed to the use of instruments, whereby a tedious labor might be brought to a close. This prejudice it is said was due to the failure of CHAMBERLAYNE to deliver a woman in Paris after a public boast. Not being aware of the existence of a deformed pelvis he had torn the vagina and uterus in several places in his ineffectual efforts to extract the child with the forceps of which he was the inventor. DENMAN attributed the lesion to long-continued compression of the soft parts. DAVIS expressly declares that it does not result from the use of instruments, but delayed labor. Dr. SIMPSON stops to fortify a similar opinion by stating "these abnormal openings, if produced

by instruments, should appear at once, while it is known they only occur several days after their use." SMELLIE, COLOMBAT, and CHURCHILL, all describe the fistula to protracted pressure during labor, and an opinion of similar import is entertained by Professors HODGE and MEIGS. Doctors SIMS and BOSEMAN, whose opportunities for acquiring accurate information on this subject have been extensive, testify to the same fact, and except in a single case my own observation accords with these gentlemen.

If the foregoing statements be correct, what is the *modus*—the manner in which the lesion takes place? The head in passing through the pelvic cavity presses the anterior wall of the vagina toward and against the posterior face of the pubic bones. If in consequence of failure of the uterine expulsive efforts, or a disproportion between the pelvis and the head, or a want of accord between the diameters of the two, the head long remains thus engaged, the vitality of the soft parts so compressed and bruised will be destroyed, either by the formation of a slough or by inflammation and ulceration. It is asserted by some that a fold of the vagina is caught and pressed against the pelvic bones until its death is insured; but it does not seem probable any such folds would exist when the canal is so greatly distended. The period when the opening occurs varies in different cases; in some as early as the fourth or fifth day, and in others the event may be prolonged—as in one which came under my own observation (case 4)—until the twenty-first day after confinement. When the parts are so injured as to induce ulcerative inflammation, a longer time is required to penetrate the vaginovesical wall than where they are killed outright, and drop out as a slough.

[To be continued.]

A Case of Lithopædion

Is given on the authority of Dr. WAGNER, in the *Archiv. fuer Heilkunde*. A woman, aged 68, died suddenly. She had borne five children at twenty-four, and believed herself again pregnant, when she fell sick of typhus. During this illness the movements of the child ceased. Notwithstanding that the child had been retained twenty-nine years in the abdomen, it was entire, although much contracted. It weighed $3\frac{1}{2}$ lbs., and was the size of a child's head. The soft parts were much dried; some bones showed strong calcification; the scalp and one ear had grown to the membranes. Whether the extra-uterine gestation were primary or secondary, Dr. W. does not decide. The woman had rejected an offer of *cæsarean* section twenty-nine years before.

PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS OF THE TRUNKAL MUSCLES, WITH THE THERAPEUTIC INDICATIONS INVOLVED.

By E. P. BANNING, M. D.,

Of New York.

Under the impression that there is a class of maladies which are being treated with but a partial success, mainly because the *mechanical* elements of their pathology are not clearly discerned, I submit a few suggestions upon the subject, in the hope that more luminous pens may thereby be provoked to fully elaborate what I shall here but rudely sketch, and so supply the desideratum which the domains of medicine and surgery have as yet failed to fully develop; and as a key-note to the subject, I submit the subjoined suggestive propositions.

I. That inasmuch as the human body is purely mechanical in the formation and arrangement of all its corporeal parts, from the grossest organs to the finest atoms, it follows that any variation from the primitive arrangement of any one of these must involve corresponding morbid manifestations, (both mechanical and vital,) not only in the parts immediately concerned, but also in those which are associated with them either by juxtaposition, continuity, or function.

II. That the *viscera* are as much under the law of a specific orbit of being and bearing as the bones are, and that any departure from which will constitute a practical *dislocation*, which may involve corresponding functional derangements by cancelling the primary policy between these organs and their vital forces.

III. That this normal status of these weighty, lengthy, mobile, fragile, and irritable viscera consists mainly in their being maintained in the *ascendant* by their surrounding elastic abdominal walls, in opposition to a state of consecutive dependency from their ligamentous attachments.

IV. That in proportion as the body is erect, and the abdominal and dorsal tissues are energetic, will this primary ascendant position be steadily maintained. The support, in the premises, commencing at the lowest intestine, and carried up by each successive superior viscus to the apex of the pile; each lower supported organ becoming the successive and aggressive support of its next superior neighbor.

V. That in proportion as, from *any cause*, these supporting tissues relax, there must ensue a corresponding change in the visceral status; they must lose their altitude, compactness, and support, and assume a looser, dangling, elongated, and mobile condition. In other words, a lineal

dislocation is induced, involving a train of both *physical* and *functional* derangements, such as a solid common sense might clearly foretell. To the enlightened mind, a mere glance at the annexed Figs. 1 and 2, will render a further elaboration of these propositions superfluous.

turn, may be coerced to compress more or less all the circulating channels in the pelvis.

First, the pelvic nerves are liable to become either dragged or actually compressed. This may result in various degrees of physical pain and loss of nerve function from that of simple fidget-

A A, Perpendicular front line, showing that the end of the big toe, pubes, and tip of the nose, are always about in line when the body is erect. B B, Middle line, passing through the spinal marrow at the nape of the neck and at D, and continuing its course through the hip, knee, and ankle joints; showing that these points are in line when the body is erect, that the head is exactly over the ankle, and that D is the body's center of gravity. C C, Posterior line, showing that the back of the head, shoulders, hip, and heel, are also about in line; and that when the body is balanced, as it always should be, upon its center of gravity, the hollow of the back at D is much in advance of this line. K K and L L, Lines running in the exact direction of the advancing and retreating directions of the Spine, crossing each other and B B at D, and proving mathematically that D, in the hollow of the back, is the body's center of gravity.

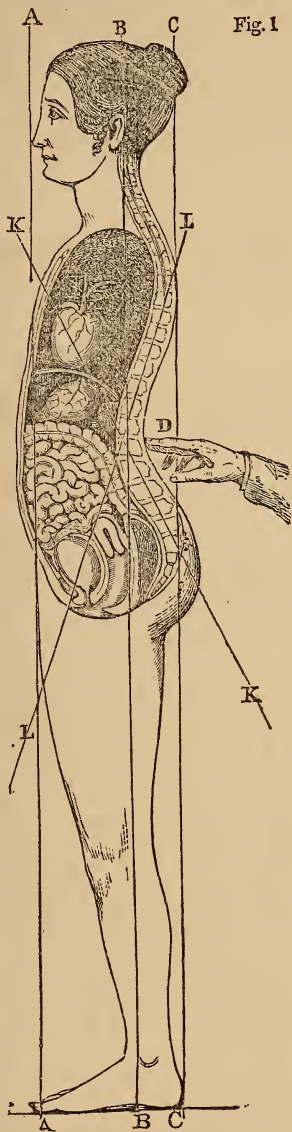
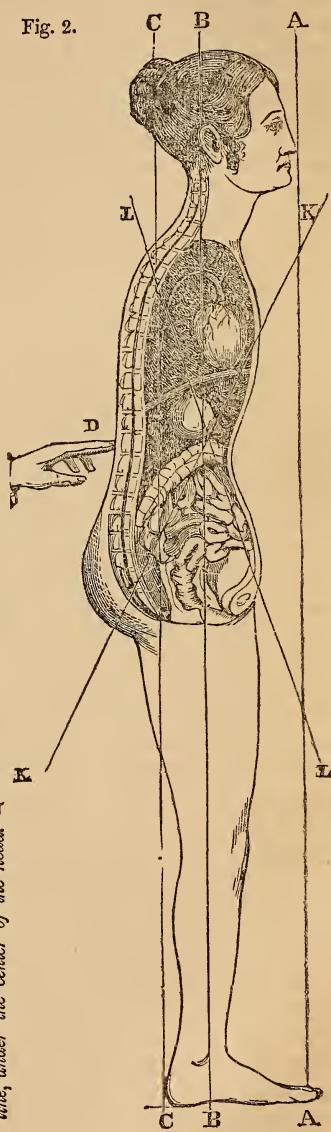


Fig. 1

This figure shows that the end of the big toe and the tip of the nose are always in line; even when the hollow of the back has receded from the axial or middle line, quite beyond the posterior line and behind the shoulders; that drooping and round shoulders are produced by an antecedent retreating motion at the small of the back, (for, it must be plain, that if such were not the fact, the perpendicular lines, in both the erect and drooping figures, would not touch the head and feet at precisely the same points,) and, that therefore, no style of artificial support, designed for straightening the human form, can ever accomplish its object, unless it be so constructed as to push forward the receded point, in the hollow of the back at D, and bring it again in contact with the axial line, under the center of the head.

Fig. 2.



Of the Effects of Visceral Dislocation upon the Inferior Extremities.

Our premises being admitted, a careful examination of the annexed Fig. 2 (which represents the abnormal state) will drive us to the truth on this subject. For it shows that each undue descent of the viscera must crowd correspondingly upon the pelvic organs, and that they, in their

ings, prickling pains, cramps and numbness in the limbs, down to total paralysis and insensibility; thereby indicating why it is that these symptoms so frequently resist the most heroic treatment for an affection of the spinal cord by strychnia, moxa, and the cauterization. Next, the arteries, veins, and lymphatics are also liable to impingement from the same cause, involving an

impeded vigor and freedom of all the corresponding circulations through the pelvis. This would rationally account for the frequent cases of feebleness, shriveled appearance of the skin, coldness of the feet at midsummer, varicose veins, and an habitual edematous condition of the limbs, all of which are so usually aggravated on standing, and relieved by recumbency.

Therapeutic Indications in the Premises.

On this point scarcely can there be room for question. We have seen that the muscular and ligamentous tissues have failed to maintain the ascendant juxtaposition of the viscera in opposition to the gravity of the same. That they are actually *dislocated*, and, as in other dislocations, are injuriously *pressing* upon some parts and *tracting* others; and also that *physical force* is as requisite in restoring the normal situ of the *viscera* as in restoring that of dislocated bones. But to the facts:

Case I. Consulted me for the following symptoms, as described by herself, viz.: "Sense of goneness at the pit of the stomach, with a feeling of *hanging* and separation between the midriff and the bowels;" "dead weight and bearing down at the bottom of the abdomen, with a jolting sensation on making a slight misstep;" "one foot and leg weak and cold, and couldn't keep up with the other, and was always tripping, even on the carpet."

Finding the region of the epigastrium and hypochondria to be much retracted and narrow, and the iliac regions to be very tumid and pendulous, causing an indenture at the linea alba, giving the lower abdomen the appearance of two hemispheres, and being unable to discover any primary functional derangement at any point, I diagnosed the case to be one of visceral pressure upon the entire pelvic circulations, and accordingly prescribed an abdominal support. This advice was declined with something of kin to *scorn*, and the lady was treated elsewhere with the most orthodox vigor for the space of two years for a primary affection of medulla spinalis, by means of blisters, rubefacients, caustic issues, the moxa, &c.

At the expiration of this treatment (two years) I was again consulted in the case under the following circumstances, viz.: The former unnatural appearance of the abdominal proportions, as to size and shape, still continued. The affected leg and foot were now most enormously swollen, and totally paralytic and insensible. Its coldness was like that of marble. In addition to this her eyes had recently become strabismic, and her neck could not sustain the head erect.

The patient now gave her reasons for thinking

that my first view of her case was correct, and desired me to do what I could on that basis. Accordingly, as a "forlorn hope," I improvised a *support* which to some extent elevated the depressed viscera, and with most remarkable results, viz.: Within a few minutes from its application sensibility returned to the foot; in a few minutes more she raised the dead limb from the floor by its own proper power; and in about a fortnight she traversed her room, and was able to erect her head.

Case II. was the sequela of a most deplorable case of milk leg of about ten years standing.

Her abdomen was extremely pendulous; veins in right leg were varicose; on the inside, above the ankle, was a large, deep ulcer, of a fiery red appearance, with very thick and hard edges; the skin surrounding, for some inches, was of a very dark color (black even.) On account of the irritation from this ulcer amputation had been insisted upon. At this time the patient locomoted with the greatest labor and pain.

This case I diagnosed to be one of mechanical obstruction of the venous and lymphatic circulation, through a depressed state of the abdominal viscera, and consequently ordered an efficient abdominal support, with the following results, viz.: The general relief was immediate; the power of locomotion soon began to improve, and, to the amazement of the family and friends, the fiery redness of the ulcer commenced to subside, and the dark color of the surrounding skin to disappear. In about three weeks the ulcer had entirely healed, and in three months from that time she was perfectly well, and able to make a laborious daily visit to the market.

Case III. was aged about sixty. After writing pretty constantly for many years, in sitting posture, began to lose the freedom of his limbs. He became timid in stepping, "never feeling sure that his foot was securely placed." His feet swelled much, and suffered intolerably with cold, whilst at his desk, both in summer and winter, for which he was compelled to wear fur boots constantly.

The case had been diagnosed to be approaching paralysis and dropsy.

On taking a view of his whole contour, I noticed an undue fullness and heaviness at the hypogastrium, together with a drooped condition of his trunk generally. As this gentleman had failed of relief from several treatments, and not knowing what else I could rationally do, I ordered an efficient abdominal supporter, under the hypothesis there might be operating an obstructing

visceral compression upon the pelvic circulation, and the result sustained the hypothesis.

On the day of the application the subject reported his feet to have been warmer, and that he walked home with a freedom from fear of stumbling, which was strange to him. In a few days more he spoke of relief in every respect in most extravagant terms, and stated that he "had laid aside his heavy fur shoes" which he had been compelled to wear during both winter and summer for years past.

Case IV. A very corpulent, lady, aged about sixty, of one of the most wealthy families of this city, consulted me for a perpetual and unmitigated pain in one knee. This pain had tortured her for a long time, and never had shown any signs of succumbing under the most vigorous treatment from the first physicians of the city. She was in the enjoyment of the best of health in all other respects, and no real organic or functional derangement at any other point was discoverable. I was forced to hope the pain resulted from pressure upon some of the femoral nerves in their passage through the pelvis; and in that hope applied a strong abdominal support as a dernier resort. In a few weeks I had the satisfaction of learning that from the day of the application relief commenced, and that in a few days it became complete. Some two years afterward she informed me that the cure was perfect, except when she omitted the protective support.

From all this we conclude that whatever may have been the complications in these cases requiring corresponding medicinal remedies, certain it is that with them there also was a *mechanical element* in their pathology which imperiously demanded corresponding *mechanical* therapeutics.

SCROFULA.

By W. W. MYERS, M.D.,

Of Pittsburg, Pa.

Mary B—, aged thirteen years. Visited my office December 7th, 1864, presenting the following appearances: Large blue eyes and blooming complexion; light and soft hair; fair, thin, and smooth skin, in which the blood vessels were distinctly apparent; the upper lip, columnæ nasi, and lower part of nostril more tumid than natural; fulness and turgescence of the veins, with a narrow chest and prominent shoulders; the absorbent glands of the neck were swollen, and tender to pressure, and possessed a higher temperature than the healthy parts in the vicinity; they gradually became marked by a soft swelling; the covering of the glands was slightly thick-

ened, and its substance more porous and doughy. The swelling increased and the doughy feel changed by degrees into that of elasticity or fluctuation, and a firm, circumscribed, hardened margin could be felt around the base of the tumor. There existed irritation in those external parts in which the albuminous part of the blood predominates, and also in the mucous tissue, which I look upon as the natural prime mover of the sympathies in which the nervous matter is found under a pulpy form, mixed with the sanguineous capillary vessels, which contain this albuminous exudation. The pain which was developed in this part performed the office of an excitant, and seemed to invite back the vital phenomena which acted injuriously to the patient; for in this disease I am led to believe that the mouths of the lymphatics are in a state of increased activity, while the vessels themselves are in a state of atony. The softened state of the parts was attributed to an increased exaltation of their irritability and contractility. This being an irritation of the mucous tissue exclusively, it presented forms and degrees much more multiplied than that of the serous; because the former as the continual incitants of the sympathies possess a sensibility and irritability more varied and intense than the latter, which in health have neither sensibility or sympathy.

Scrofulous glands were formerly supposed to be obstructed and impervious to the fluids which are naturally transmitted through them, but we know full well that sensibility as well as contractility are of no other use than to eliminate the newly-formed fluids, in order to conduct them externally, if useless, or to deposit them on the mucous surfaces, if intended to concur in a particular function. Is not this the action pursued in the deposit of tubercles upon the mucous surfaces? I regard this disease as one of the fluids, and believe it to be directly produced in the glands of the mesentery, by the irritation of an ill-assimilated chyle, but I do not allow my belief to carry me so far as to regard it of a contagious nature.

In the treatment, my patient possessing everything in her favor, youth, etc., etc., I well knew that the scrofulous habit, if not inveterate, could be overcome by a dry, warm, well-lighted atmosphere; in other words, by those conditions of this fluid opposite to those which produce the disease. Consequently, *change of air* was recommended. The patient was placed upon the ext. juglandis, of which five grains were taken four times daily. This treatment was persevered in, and had the desired effect. Upon May 23d, all traces of en-

largement of the absorbent glands had disappeared, and the patient was discharged.

Stimulants were not administered, for the reason that they do not overcome the scrofulous diathesis, except by exciting the depurating organs, *that is by revulsion*. If they do not effect this, they exasperate it.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
March 31st, 1866. }

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Case of Club-Foot.

George B—, aged two and a half years. He has the variety of club-foot which is known as *varus*, affecting both feet. The feet are not only turned inward and forward in a very marked degree, but there is also a retraction of the heels and a prominence on the outer portion of the insteps on which the child walks. This projection is formed by an enlargement of the *bursæ* naturally situated there, the result of the pressure exerted upon it in supporting the weight of the body. The same effect from habitual pressure is seen upon the knees of the housemaid and the devotee, and upon the shoulder of the soldier who has long carried the musket. And in what is called a *corn* or *bunion* there is frequently a synovial pouch or an attempt at the formation of a structure of this kind. The heel is a little shortened as well as retracted. It is a matter of doubt whether there is any shortening of the *gastrocnemius* and *soleus* muscles, but it is probable that the contraction exists in the *tendo Achillis*. The foot is turned in, and owing to the contraction of the anterior tibial muscle, the tendon of which is also shortened, it is held so firmly in the inward position that it is impossible to bring it in a straight line with the limb. When the child stands up the weight of the body is sustained by the *bursæ* on the outer side of the instep, and the inner margin of the foot is turned up. The limb is contorted or twisted, and in consequence of the difficulty of progression there is coldness of the part and wasting of the muscles.

There is but one remedy for this affection, and that consists in the division of the offending muscles. In this case the *tendo Achillis* and the tendon of the anterior tibial muscle require to be divided. The *tendo Achillis* is to be severed about an inch above its attachment to the *calcaneum*. The operation is performed *subcutaneously* with a very delicate knife, which is introduced flatwise, and pushed on until the point can be perceived by the finger upon the opposite side of the tendon. Then the division is effected by cutting from before backward, the tendon being rendered as tense as possible by grasping the foot and bending it so as to bring down the heel. The operation is usually a bloodless one. Sometimes a vein which runs beside the tendon is divided, causing the loss of a little

blood. The posterior tibial artery has been wounded in the hands of very able surgeons.

The child having been placed under the influence of chloroform, division of the *tendo Achillis* was readily effected. As a previous operation had been performed, the lymph then effused had caused an adhesion of the tendon to the surrounding structures, and rendered it more difficult than usual to bring down the heel. The tendon of the anterior tibial muscle was next divided, and the foot brought into its natural straight position. The operation having been repeated upon the other foot, the apparatus (a modification of the shoe invented by the celebrated Italian surgeon, SCARPA) constructed for the child by Mr. KOLBE was applied and adjusted by that gentleman.

The after treatment is of paramount importance. Unless it be properly attended to the operation will fail, no matter how skilfully it may have been performed. Although in the majority of instances it is better to apply the apparatus immediately after the division of the tendons; it should not be tightened too much at first, for fear of provoking inflammation. The heel should gradually be brought down in contact with the back part of the sole of the shoe, in order to elongate the *tendo Achillis*, the gap in which is filled by a substance analogous to the original structure, formed from the plastic matter furnished by the part. The only case in which any ill effects followed this operation, under the observation of Prof. Gross, was one where *erysipelas* supervened in consequence of the improper management of the after treatment. No serious harm resulted, however, and the instance is a solitary one.

Case of Tuberculosis of Knee-Joint.

James K—, aged two years and three months. The left knee has been affected for nine months. There has been a discharge taking place for six weeks, since Prof. PANCOAST made an opening and evacuated several ounces of genuine pus.

There is present a great deal of swelling and heat of the joint. The skin has a glossy appearance, is tense and does not pit anywhere; the subcutaneous veins are enlarged, and there is, upon pressure, a slight degree of elasticity observed in the part. He has severe pain at night, and twitching of the limb, caused by the irritation or inflammation of the muscles in the vicinity of the morbid action. The swelling extends some distance up the thigh. The leg is cold and the muscles are soft, flabby, and attenuated. The child looks pretty well in the face, and has quite a good appetite. His sleep is much disturbed, and he has fever and copious sweats at night. His cheeks are flushed in the afternoon. For the last week he has suffered from diarrhoea, which he has had at times from the beginning of the disease. The parents are said to be both healthy, excepting, perhaps, the mother, who is troubled by some throat affection.

This case is one belonging to the scrofulous, strumous, or tuberculous form of disease. Sir BENJAMIN BRODIE described an affection of this joint many years ago under the name of fungoid degeneration of the knee-joint, which is nothing but a scrofulous inflammation, involving the sy-

novial membrane, articular cartilages, and articular extremities of the bones. The vast amount of lymph which is poured out upon the surface of the synovial membrane where it becomes organized causes the diseased part to assume that peculiar appearance which induced Sir BENJAMIN BRODIE to designate it by the term he employed. The disease as it progresses is very apt to extend itself to the surrounding structures, implicating the ligaments, cellular and adipose tissue, and ultimately the skin; matter forms in the interior of the joint or exterior to the ligaments in the synovial membrane, which, if it is not evacuated, causes great destruction of the part.

There are several indications to be fulfilled. So far as the joint is concerned an application of dilute tincture of iodine will be of value. The part will be painted with a solution of the strength of five drachms of alcohol to three of tincture of iodine, twice in the twenty-four hours. Making an allowance for the delicacy of the skin of a child, this will be the proper dilution of the tincture. After it has dried by evaporation and absorption, let the skin be covered by a solution of acetate of lead, one ounce to half a gallon of water. Opium should not be added, as pernicious effects sometimes follow its absorption when applied endermically to children. The limb must be kept in an easy position and at rest. As the child has diarrhoea, and probably defective action on the part of the liver, a powder, consisting of one-half grain of calomel, one-eighth of a grain of opium, and three grains of prepared chalk, will be given him three or four times in the twenty-four hours. Also, one-half of a grain of quinine in solution every twelve hours. He should have milk punch or whisky and water, and a nutritious diet, consisting of beef essence, chicken, lamb, or mutton broth, bread and milk, a little tea, but no meat. He should avoid the vegetables as much as possible, excepting rice, hominy or grits, and sweet potatoes, which are better in diarrhoea than white or Irish potatoes. If the amount of opium in the powders ordered be not sufficient to relieve his pain let him take night and morning three drops of laudanum with the quinine. It will not do to give anything specifically for the night sweats. The objects of treatment are to rectify the condition of the digestive apparatus, relieve pain, and keep up the strength of the patient.

Women and Lightning.

A studious gentleman in Paris, named BOUDIN, has lately occupied himself with statistics of persons killed by lightning, and he declares that ladies should no longer be afraid of the electric fluid, as, in comparison with men, they only suffer from it in the rate of twenty-eight to one hundred. One might be inclined to attribute this difference in mortality to a certain habit of going into cellars, but M. BOUDIN assures us that lightning exhibits a marked predilection for the male sex, and where a man and woman are walking together, the man is invariably the sufferer. It is to be hoped that Professor BOUDIN will some day give an explanation of this remarkable phenomenon, and, if his gallantry will permit, make known how the partiality may be corrected.

Medical Societies.

PHILADELPHIA CO. MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M.D., Recording Secretary.)

Subject for Discussion:—Puerperal Fever.

(Continued from page 508.)

Dr. CONDIE said that in opening the debate upon the paper of Dr. HAMILTON, it was not merely to startle his medical friends, or to attract their attention to the remarks he was about to make, that he began by denying the existence of any puerperal fever in the sense in which the term has, heretofore, been generally employed by medical writers on the diseases of females, but from a full conviction that there is in fact no such fever. The employment of the term puerperal fever, to indicate a febrile disease, peculiar to the child-bed female, and deriving its specific character from the condition subsequent to parturition, has been, confessedly, the source of much confusion in the account given by different writers of the pathological conditions of the puerperal state, and of no little error and uncertainty in regard to their pathological management. Women in child-bed are liable to be attacked with metritis, ovaritis, peritonitis, and phlebitis. When either of these diseases is of an acute character, especially if attended with decided febrile reaction, it has been described as puerperal fever. Hence are to be accounted for the discrepancies in the histories given to us by different observers of the symptoms, course, and post-mortem lesions of the so-called puerperal fever, as seen by them respectively. Hence the very great diversity in the results of treatment experienced by different practitioners: the prompt and permanent relief derived from direct depletion in the hands of one, and its entire failure in the hands of another. These opposite results of treatment would not, it is very apparent, occur in so striking a degree were the term puerperal fever confined solely to the several simple acute inflammatory disease liable to occur soon after child-birth; but there is another febrile affection which may occur at that period, in the course of which local inflammation may be set up, but altogether secondary to a general morbid condition of the organism dependent upon a diseased state of the blood. This affection has also been called puerperal fever; it cannot, however, be controlled by the same course of treatment which is proper in the case of the simple acute inflammations met with during the puerperal period.

The form of disease to which I have just referred, generally sets in upon the first, second, or

third days subsequent to delivery; very seldom as late as the fifth. After a chill, usually slight and of short duration, there ensues a decided reaction, with intensely hot and dry skin, and a very frequent, small and soft pulse. There now ensues tenderness or pain at the lower part of the abdomen, with tumefaction. The local symptoms vary in prominence and intensity in different cases. I have known them occasionally to be very slight, but never entirely absent. There is seldom any delirium. The countenance has no decided redness, but a pinched appearance, with often an indescribable expression of anxiety. There is a suppression of the lochia, as well as of the secretion of milk. The bowels are for the most part costive, and the urine scanty and usually high colored. The respiration is quick, hurried, panting, and, in cases of extreme tumefaction of the abdomen, it becomes very much oppressed. The course of the disease is generally rapid; in some cases, death taking place within twenty-six hours from the commencement of the attack; in other cases, however, the disease runs on until the fifth, seventh, or even to the ninth day. The prognosis is always unfavorable. In the cases which recover, there is always a slow protracted convalescence. In post-mortem examinations a series of lesions are discovered, besides those dependent upon inflammation of the pelvic organs, and of the peritoneum. Among these stand prominent, a dark, grumous, diffuent, or, as it has been loosely denominated, dissolved state of the blood.

The history of the febrile affection we have thus described; its entire course, from its onset until its termination, shows very conclusively that it is dependent upon a blood-poison—either introduced from without, or generated within the system. Facts, the most striking and incontestible, prove that this *materies morbi* has a close affinity, if not an identity, with that which is present in the disease known as general or epidemic erysipelas. If we examine the accounts we have upon record of the several epidemics of erysipelas which have prevailed within the last fifty years, in different parts of Europe and of this country, we shall find it stated that during all such epidemics, without exception, puerperal fever prevailed also within their sphere. In some cases we are told that “many,” in others, “a large number,” and in others again, “all of the females in child-bed” were attacked by puerperal fever. We may further add, that the close relationship between the *materies morbi* productive of the form of puerperal fever we are discussing, and that productive of constitutional

erysipelas, is proved by the fact of the very general occurrence of the two maladies, simultaneously in the wards of all general hospitals.

I do not consider it strictly correct to say that puerperal fever ever prevails epidemically, with a due regard to the true meaning of the term. It usually prevails—of course I restrict the term to the form of disease last described—as a very circumscribed endemic, confined perchance to a small hamlet, village, or town; or to a particular section of a city, or to the lying-in wards of some one hospital. What is very peculiar to the disease is, its being occasionally exclusively, or with few exceptions, confined to the patients of a particular obstetrician or midwife, whilst of others in the immediate vicinity not a single patient suffers an attack. In a strict sense the disease is not contagious. It is, however, eminently infectious. A number of cases occurring either simultaneously or in quick succession in the same apartment or ward will create there an infected state of the atmosphere, which has been known to communicate the disease to all those who are subsequently submitted to its influence. In the great majority, perhaps, of instances, the propagation of the disease, both within the wards of an hospital and beyond them, is by a poison conveyed from patient to patient by the hands or person of the accoucheur. This fact is fully established by an *experimentum crucis* instituted at the General Hospital at Vienna. For a series of years puerperal fever had been productive of an alarming amount of mortality in the lying-in wards of this institution. Preventive measures were, a few years since, adopted. These consisted in strictly enforcing upon all *internes* of the hospital, as a means of disinfection, a thorough cleansing of their hands with soap and water, followed by chloride of soda, immediately after attendance upon any case of labor, or engaging in any autopsy of a patient dying of puerperal fever or peritonitis, and preventing them from attending upon any subsequent case of confinement until after the lapse of several days. By these simple means the prevalence of puerperal fever in the lying-in wards of the hospital was reduced in a very striking degree.

It is to the form of disease upon which we have thus dwelt at some length, that we should feel inclined to confine the term puerperal fever when met with in the lying-in female. The appellation, it is true, is not strictly correct, inasmuch as the disease is not one confined exclusively to the puerperal female, nor even to the female sex. On consulting the histories of the epidemics of erysipelas, especially those which

have occurred since 1845, in our western and middle States, we shall find that in males as well as females; in the virgin, the non-pregnant, and non-parturient, equally with the pregnant and lying-in women, a disease is liable to develop itself, marked by essentially the same character of symptoms; and which correspond—saving only such as depend strictly upon the sex and condition of the patient—with those described as diagnostic of the so-called puerperal fever. The most prominent of the lesions detected after death, being in the males, peritonitis, and in child-bearing females, inflammation of the womb and its appendices, of the neighboring intestines, and, also of the peritoneum.

I have little to say in regard to the views advanced by Dr. HAMILTON upon the treatment of puerperal fever. Under this head his remarks were particularly cautious, and the indications for the employment or rejection of the therapeutical measures recommended by different authorities were, upon the whole, extremely judicious; so that there would be very little danger of any grave mistakes being made in carrying them out at the bedside of the patient.

I have seen many cases of simple acute peritonitis, metritis, and other inflammatory affections of the pelvic and abdominal viscera, occurring during the puerperal state, conducted to a favorable termination, under the free use of the lancet, cups, leeches, purgatives, blisters and warm fomentations, followed by opium, DOVER'S powder, or the extract of hyosciamus, combined with nitre, mercury and antimony. In no instance, however, that has fallen under my notice, have I known any indication to be fulfilled by the employment of the lancet or any other depletory measure in that form of disease to which I would restrict the application of the term puerperal fever, if we must still retain it. On the contrary, in every case of this fever that I have met with, all such remedies were most positively contra-indicated. I do not, however, assert that no case of the disease can occur, in which, at the very onset of the attack, a moderate loss of blood from the arm, or by cups or leeches from the surface of the abdomen may not be found beneficial; all I wish to be understood as saying is, that in nearly fifty years' practice I have never met with such a case.

In the early stage of the disease I have generally found very decidedly good effects result from the administration of a purgative composed of an ounce of castor oil and a drachm of turpentine. When promptly returned from the stomach it may be given as an enema. Dry cups to the

lower part of the abdomen will generally give marked relief—they may be followed by stupes with turpentine or hot water, large soft poultices and the like applications. To the application of blisters I should strongly object: I have known their application to be followed by a very severe erysipelatous condition of the skin. Covering the abdomen with a cloth spread with camphorated mercurial ointment, has seemed in many cases to be decidedly beneficial.

The remedy from which I have derived the most unquestionable advantage in the fever under consideration is opium, given in large doses at short intervals—its effects being carefully watched in order to guard against an undue degree of narcotism. The same favorable testimony is borne to the effects of opium in this disease by other practitioners—some of whom had the most ample opportunity of testing its effects. In a series of cases occurring in the wards of the Philadelphia Hospital, under the care of Dr. R. K. SMITH, the course and results of which I had an opportunity of watching, opium was administered in what, *a priori*, I should have considered unwarrantably large doses. The number and promptness, however, of the recoveries in these cases were very striking, considering the very great fatality of the disease previously to the introduction of the opium treatment. Influenced by this observation, I have, from the period it was made—some years since—invariably resorted to the free exhibition of opium in the treatment of the cases of puerperal fever I have met with. These it is true, have been very few in number, but sufficient to show the great value of the remedy.

Dr. BURNS.—Mr. President: Such a disease as this, of such vast magnitude and importance, ought to call forth certainly all the experience we have had, and for the general well-being, each ought to cast in his mite. Differing from you, I have been for years much isolated from the assistance of my medical brethren, but I have seen a great deal of this disease, and without the aid and assistance that a dense population, and numerous members of the medical profession can render to each other, I have contended with it, and sought to inquire into its nature, and master its secrets. I have seen a peculiarity in puerperal fever that differed from metritis, in my estimation, or any ordinary inflammatory action of the abdominal or pelvic cavity. I have seen peritoneal inflammation and metritis; I have also seen, as I conceive, puerperal fever in this wise: in a short period after labor I have found an excessive chill, a sick stomach, suspension of

the lochial discharge, and impairment of intellectual functions, and fearful forebodings. The mind wanders, and there is extreme tenderness over the abdomen; hot skin, and a most excessive degree of heat of the interior, observed on making an examination *per vaginam*. I have found the heat so intense as to be uncomfortable to the touch. By degrees vomiting ensues, distention of the abdomen, great perspiration, the intellectual faculties gradually fail, and death closes the scene.

This I have designated in my mind as puerperal fever. A peculiar odor connected with it I have also observed. In many instances I have made post-mortem examinations, and found the whole interior of the abdomen glued together with effused lymph. Not much organic inflammation about the uterus, or softening, and the whole peritoneum in one or two instances covered over with a thick deposit of lymph.

In the beginning I bled, and did not hesitate to bleed even in cases of considerable depression; of course I was guided by the effect of this bleeding, the number of ounces being in proportion to the strength of the patient, and her ability to bear it. I used calomel and opium, and kept my patients under their influence, so that they constantly felt the effects of the opiate, and employed terebinthinate applications externally, so as to produce external redness and irritation. Warm cataplasms to the abdomen I have found of great advantage, together with moderate frictions, particularly at the beginning. But I do to this day regret that I have not as vigorously pursued, for the past ten years, what I did before, namely, *bleeding*. I believe if I had, I should be somewhat more successful, though I do say I have lost but few cases of this disease, fatal as it is. I have attended cases with puerperal fever and of erysipelas at the same time. There has often been, in my neighborhood, puerperal fever contemporaneous with erysipelas. The course of treatment which I have pursued has been the only one which I conceive to be successful in this disease.

I regard it as a fever *sui generis*, and, in all probability, may have something of the stamp of the erysipelatous character. Adjourned.

— METRIC WEIGHTS AND MEASURES.—Efforts are made by the British Association for the Advancement of Science to introduce the metric system of weights and measures. We hope they will prove successful, as well as similar efforts in the United States.

VERMONT MEDICAL SOCIETY.

Reported by L. C. BUTLER, M. D., Secretary.

The semi-annual session of this society was held at Brattleboro' on the 13th and 14th of June. Dr. WM. McCOLLOM, of Woodstock, President, in the chair. The session was opened with prayer, by Rev. Dr. TYLER, of Brattleboro'. The proceedings of the annual meeting were read by the Secretary, Dr. L. C. BUTLER, of Essex.

On motion of Dr. C. P. FROST, the members of the Connecticut River Medical Association present, were invited to participate in the proceedings of this meeting.

The President, in a very appropriate and feeling manner, announced the decease of Drs. H. F. STEVENS, of St. Albans, and S. P. DANFORTH, of Royalton, members of this Society. Dr. H. D. HOLTON announced the death of Dr. JOHN CAMPBELL, of Putney, a practitioner of over fifty years standing.

On motion of Dr. WARNER, it was ordered that a committee of three be appointed to prepare and present resolutions, expressing the respect of the Society for our deceased brothers, and of sympathy with the afflicted relatives and friends; and also to recommend suitable persons to prepare biographical sketches of each, to be presented at the annual meeting.

Drs. E. D. Warner, J. Perkins, and H. D. Holton, were appointed such committee.

The committee on admission of members, to whom they were referred, reported the following individuals as proper persons to become members of this Society, and they were duly elected. Drs. J. P. Warren, F. J. Higginson, W. H. Rockwell, jr., S. W. Bowles, G. W. Horton, of Brattleboro'; W. H. Ellis, Townshend; F. N. Burdick, Guilford; J. B. Learned, Readsboro'; W. B. Moody, Brownington; Lewis Patch, Newport; O. E. Ross, Queechy; Geo. J. Crowley, Shrewsbury; C. A. Scott, Plymouth; M. P. Campbell, Rutland; David Allen, Putney; J. H. Stedman, West Brattleboro'; F. J. Swift, Anson L. Pettee, Wilmington; Orman Terry, Bethel; Charles Clark, Townshend; Geo. B. Haskins, E. B. Nims, Arlington.

Dr. C. P. Frost, of Brattleboro', presented an interesting pathological specimen of cancerous disease of the pyloric extremity of the stomach, extending to the lower portion of the œsophagus, and perforating the walls of the stomach, in the direction of the liver. Dr. Frost gave a brief history of the case.

Dysentery.

Dr. BULLARD, of St. Johnsbury, read a paper on *Dysentery*, as it occurred in Caledonia county,

giving a succinct account of its symptoms, progress, post-mortem appearances, pathology, and treatment. The paper was referred to the committee on publication.

Adjourned to 2, P. M.

2 o'clock, P. M. The Society again convened, Dr. C. L. ALLEN in the chair.

Dr. W. H. ROCKWELL, Superintendent of Vermont Asylum for the Insane, read a paper on the *Treatment of Insanity*, in connection with which he gave a history of the Vermont Asylum, which has been for so many years under his charge. The paper was referred to the committee on publication.

Following this was the discussion on Dr. BULLARD's paper. In reply to a question from Dr. CUSHMAN, Dr. BULLARD remarked that in all the cases examined after death in the stage of collapse, there was a highly inflamed condition of the colon and sigmoid flexure. In those that died in six to eight days, it did not extend above the sigmoid flexure, and was not in patches. The epidemic was confined to the Connecticut River valley.

Dr. CUSHMAN thought the phenomena noticed by Dr. Bullard were such as might arise in the outset of the disease from affection of the organic nerves, as shown by the symptoms of oppression which were so marked. In the commencement of the disease there was no inflammation of the colon; this latter was secondary. In his locality he had encountered epidemics of dysentery, with complications of various kinds; especially with typhoid and typhus fevers, similar to that mentioned by Dr. Bullard, and in one instance, in a region not subject to malarial influences, the cause of which was supposed to be the water.

Dr. RUSS had observed nausea, tenesmus, with the other symptoms in the cases which had occurred in his vicinity. They did not tolerate medicine well. He treated his cases generally with mercurials and tonics, the latter quite early.

Dr. FAIRCHILD had seen the disease in his locality, one not exposed to miasmatic influences. It was most severe in a single family. It was not the dysentery of former times. The stools were free, full, dark, and somewhat feculent, occurring every two or four hours. The pulse was feeble, and the system prostrated. He regarded it as a typhoid dysentery. In treating it he kept the patient well under the influence of calomel and opium, with starch injections, and lost but two cases.

Dr. GRAVES, of New Hampshire, mentioned several cases in his locality, which exhibited a

strong typhoid character. He relied upon calomel and opium, in small and frequently repeated doses, with brandy as a stimulant.

Dr. PERKINS was reminded of similar cases in his practice, about the same time with those of Dr. BULLARD. It began early in the season, and was characterized by frequent evacuations, severe tenesmus, with biliousness. The accession of the disease was gradual; there was listlessness, pulse quiet, with slight paroxysms of fever. In the month of September it assumed the appearance of jaundice, accompanied with a typhoid condition of the system. Its peculiarity consisted in the biliousness, and in the hemorrhage from the bowels, which latter symptom occurred in relapsed cases, and not earlier than the second or third week of the disease. Some died, some unexpectedly recovered, but convalescence was protracted, especially in the hemorrhagic cases.

The treatment employed was mercurial alterants, hyd. cum creta, with pulv. dov., and saline, or oil laxatives. In the cases of hemorrhage, found it important to control peristaltic action; did so by enemata. One remedy employed was muriatic acid, in six or eight drop doses, in some diluent or sugar, every four or six hours, and with the most gratifying effects. This remedy was suggested to him by its use in one of the London hospitals, and he employed it during the whole febrile course. One of its marked effects was that of a cholagogue. In the hemorrhagic cases he added the hydrochlorate of iron, alternated with opiates and quinine. The treatment was very successful.

Dr. STILES had noticed in the several cases, delirium occurring in paroxysms, a symptom that had not been mentioned. He had also noticed the hemorrhage from the bowels, especially under the relaxation of opiates. As a prophylactic against contagion he suggested that the evacuations should not be thrown into the privy, but buried. The disease may be transmitted in that way. His plan of treatment was the same as suggested by others. Dr. Stiles also alluded to the subject of *jaundice*, which was largely discussed at the annual meeting. He had not found success in the use of mercurials in its treatment, but had used co. tinct. cinchonæ, with saline cathartics. Wild cherry bark and cider was a popular remedy among the common people, and some cases were benefited by it.

Dr. H. D. HOLTON read the elaborate and valuable paper presented by him before the American Medical Association, and the Society unanimously returned him a vote of thanks therefor.

Adjourned to 8 o'clock, A. M., June 14.

THURSDAY, June 14, 8, A. M.

The Society convened, agreeably to adjournment, the President in the chair.

Scarlatina.

Dr. SPERRY presented a paper on *Scarlatina*, in which he detailed its symptoms as they came under his notice, and advocated the idea of its non-contagiousness, and the stimulant plan in its treatment. Referred to Committee of Publication. A brief discussion followed.

Dr. CUSHMAN questioned the position of Dr. SPERRY in regard to the contagiousness of the disease. In his experience he had found its epidemic form to be contagious, and thought the cooling regimen to be far preferable to the stimulant. In the typhoid condition it may be required.

Dr. SCOTT had treated scarlatina upon a similar plan with Dr. SPERRY, with success, and thought he avoided thereby the affections of the throat and head.

Dr. UPHAM detailed an interesting case occurring within his own observation, exhibiting one of the many curious freaks of nature;—the discharge of stercoraceous, oleaginous matter from the uterus during confinement, and the subsequent discovery of a tuft of hair embedded in the vagina, both of which specimens were exhibited to the Society.

Dr. FROST had seen the case repeatedly in consultation, regarded it as a case of ovarian tumor, the peculiarity of which was the point of the opening, it being through the uterus instead of the abdomen, the discharge taking that direction instead of the ordinary one. The opening was reached by introducing the finger within the os, and to the right side. Dr. FROST read a somewhat similar case recorded in the London *Lancet* in 1854. Dr. UPHAM's paper was referred.

Cholera.

Dr. BUTLER read a paper on the *Treatment of Cholera*—the salient point of which was, that prophylactic and hygienic measures were quite as important in its treatment as medication. Referred.

An interesting discussion followed the presentation of this paper, in which Drs. Warner, Stiles, Frost, Cushman, Emmons, Perkins, Hunt, and E. M. Snow, of Providnce, Rhode Island, participated.

Dr. WARNER referred to the feelings which he had when he first heard of the advent of cholera in the old world years ago, and they are now vivid in his recollection, as the scourge again threatened to visit our shores. He gave a suc-

inct and graphic history of its progress at that time, and of the ten cases which occurred in his practice. In his opinion cholera would visit us. We should have it in Vermont. There was no preventative. The first case that came under his observation was that of a man advanced in life; no miasm surrounding him; not exposed in any way as he knew of; and he knew of no exciting cause for the disease. A general choleraic diathesis prevailed. In his opinion no quarantine or sanitary regulations would prevent its approach to our shores, or insure us against its attack.

Dr. CUSHMAN related several cases which occurred in his practice during a former epidemic of the disease. In the west half of his town there was diarrhoea, but no cholera. His first case was near the lake, and several others occurred in the vicinity. On the result of his observations he gave it as his opinion that the cholera virus was carried along in the air, making a narrow belt of choleraic atmosphere. He did not think it contagious. In the treatment he used calceined magnesia for the mitigation of the stomach symptoms, and next to opiates with some success.

Dr. EMMONS was residing near Quebec when the epidemic first appeared there, and saw one of the first cases that occurred. Nearly all the cases that came under his observation out of the city were among the *habitans* who went into Quebec for trading purposes, and returned carrying with them the virus that prostrated them, and among those who were indiscreet in their habits.

Dr. PERKINS related a well-marked case of the disease, in which he employed strychnia with opiates, with success.

Dr. E. M. SNOW, of Providence, R. I., being present, was introduced to the Society, and requested to communicate his views upon the subject under discussion.

In his peculiarly modest and sententious manner he gave a brief *resumé* of the symptoms of cholera, the measures necessary to be employed in its prevention, and of the treatment which he regarded as preferable to others. This latter was that proposed by Dr. HARTSHORNE, of Pennsylvania. Dr. SNOW's views upon the necessity of quarantine regulations, and upon the contagiousness of cholera, are well known to the medical reader, as also his views in regard to the paramount importance of proper sanitary measures to protect the community against the ravages of the scourge. Dr. SNOW called the attention of the Society to the similarity between the symptoms of cholera and those of poisoning by arsenic,

and suggested whether the antidotes for arsenical poisoning might not be employed with success in the treatment of cholera.

Adjourned to 1½, P. M.

1½, P. M. The Society met according to adjournment. President in the chair.

Dr. H. D. HOLTON introduced the subject of the manufacture and sale of patent medicines, so called by members of this Society, and stated that a firm, one of whose members belonged to the Vermont Medical Society, was engaged in such sale and manufacture, and was issuing hand-bills and circulars, recommending and extolling a remedy for the diphtheria. The subject gave rise to considerable discussion, and, on motion of Dr. HOLTON, a committee of one was ordered to be appointed to inquire into, and report the facts in the above case, at the next annual meeting. Dr. E. D. WARNER, of New Haven, was appointed such committee.

Dr. WARNER, from the Committee on Obituary Resolutions, made the following report, which was unanimously adopted:

"Whereas, It has pleased the Wise Disposer of all things to remove our brothers [Drs. H. F. STEVENS, of St. Albans; S. P. DANFORTH, of Royalton; and JOHN CAMPBELL, of Putney], from their spheres of benevolence and duty, it becomes us to bow with reverent submission to this inscrutable submission; and while we entertain and express profound sorrow at the event which has severed forever from us those whom we loved and esteemed, to tender our sympathies to those who, in this bereavement, experience a deeper sorrow and more enduring grief; therefore,

"Resolved, 1. That in this dispensation it is due to those for whom we mourn, and to us their associates, that we contemplate their virtues, that we study on the life page which they have left us, the self-reliance, the perseverance, the self-denial, and whatever of gentle bearing and Christian integrity made them what they were—skilful physicians, trusted and loved by their patrons, honorable companions, and councillors of their brethren, and co-laborers with them in their associated endeavors to elevate the standard of medicine, and extend the sphere of its utility. And that whilst we record their example, we will affectionately cherish their memories, and endeavor to imitate their virtues.

Resolved, 2. That we tender to the families of our deceased brothers, our most sincere sympathies, and earnestly desire that they may find alleviation of their deep sorrow in the remembrance of the virtues, and high rewards of those whom we shall meet no more on earth.

Resolved, 3. That the Secretary of the Society be instructed to transmit a copy of the foregoing resolutions to the families of the late deceased members of the Society, Drs. Stevens, Danforth, and Campbell.

The Committee further nominate to the duty of presenting a biographical memoir of Dr. Ste-

ens, Dr. O. F. Fassett, of St. Albans; of Dr. Danforth, Dr. Hiram Crandall, of Burlington; of Dr. Campbell, Dr. H. D. Holton, of Putney.

The distribution of the Second Volume of the Transactions of the Society to periodicals, societies, libraries, etc., was left discretionary with the Secretary.

Dr. HIGGINSON, in behalf of the profession in Brattleboro', tendered thanks to the Society for holding its session in this place, and for the entertainment, instruction, and profit they had received from the meetings.

Dr. WARNER responded on behalf of the Society, expressing thanks for the cordial manner in which the profession of Brattleboro' had greeted and entertained its members, and assured them that the pleasant scenes of this session would long be held in grateful remembrance.

Dr. HOLTON moved a vote of thanks to Dr. Snow, of Providence, R. I., for his attendance and remarks on this occasion. Passed, *nem. con.*

Dr. RICHMOND moved a vote of thanks to the several railroads for the courtesy of half-fare, and to the people of Brattleboro' for the use of their commodious Town Hall. Passed, *nem. con.*

Dr. Russ moved that the Committee on Publication have discretionary power to publish or reject any papers which may be referred to them by the Society. Passed, *nem. con.*

Dr. PERKINS moved the appointment of a committee of three to take into consideration the following topics, and report at the annual meeting in October next, viz.: 1. The order of business of the Society. 2. The appointment of a committee of one from each county to act as censors in the admission of members. 3. To make the necessary arrangements for proper resolutions and obituary notices of deceased members of the Society. Passed, *nem. con.*

Drs. H. D. Holton, Bullard, and J. S. Richmond were appointed said committee.

During the session several physicians from Massachusetts and New York were introduced to the Society, and invited to participate in its proceedings.

The attendance was larger than at any previous semi-annual meeting. The sessions throughout were interesting and instructive. Upon invitation of Dr. Rockwell, Superintendent, the members of the Society visited the Vermont Asylum for the Insane, under his charge, and were highly gratified with the excellent facilities afforded herein for the treatment of that unfortunate class of humanity—the insane.

IOWA STATE MEDICAL SOCIETY.

At the annual meeting of the Iowa State Medical Society, convened in Davenport, May 9th, 1866, the following officers were unanimously elected for the ensuing year:

President—JOHN W. H. BAKER, M. D., Davenport.

Vice-President—JAMES C. LAY, M. D., Dubuque.

Secretary—W. F. PECK, M. D., Davenport.

Corresponding Secretary—A. M. CARPENTER, M. D., Keokuk.

Treasurer—M. D. COCHRAN, M. D., Iowa City.

Board of Censors.

William Watson, M. D., Dubuque; A. G. Field, M. D., Des Moines; James Gamble, M. D., Le Claire; J. Williamson, M. D., Ottumwa, J. M. Shaffer, M. D., Fairfield.

The following committees were appointed to report at the next regular meeting to be held in Davenport on the second Wednesday in May, 1867, at 10 o'clock, A. M.

Surgery—Dr. J. C. Hughes, Chairman, Keokuk; Dr. J. C. Blackburn, Ft. Madison; Dr. E. Whinnery, Ft. Madison.

Criminal Abortion—Dr. J. C. Stone, Chairman, Burlington; Dr. Benj. McClure, Dubuque; Dr. Laurence Miller, Bellevue.

Surgical Diseases of the Genital Organs—Dr. W. F. Peck, Chairman, Davenport; Dr. T. H. Cleaver, Keokuk; Dr. Geo. M. Staples, Dubuque.

Cholera, its Nature, Cause, and the best Means for its Prevention and Cure—Dr. Thomas J. Iles, Chairman, Davenport; Dr. G. S. Carhart, Mt. Vernon; Dr. Philip Harvey, Burlington.

Obstetrics—Dr. William Watson, Chairman, Dubuque; Dr. J. Williamson, Ottumwa; Dr. W. S. Marsh, Mt. Pleasant.

Phthisis—Dr. Geo. M. Staples, Chairman, Dubuque; Dr. M. B. Cochran, Iowa City; Dr. R. Sears, Brooklyn.

Cutaneous Diseases—Dr. James Irwin, Chairman, Davenport; Dr. E. B. Bills, Durant; Dr. Joseph McKee, Washington.

Phosphites and Hypophosphites—Drs. W. H. Rousseau, Chairman, Washington; Jesse Holmes, West Liberty; W. Bird, Mt. Pleasant.

Physical Exploration—Drs. J. J. Tomson, Chairman, Davenport; A. M. Carpenter, Keokuk; J. C. Lay, Dubuque.

Epileptic Convulsions—Drs. A. M. Carpenter, Chairman, Keokuk; Thomas J. Iles, Davenport; P. B. Clark, Inland.

Meteorology and Medical Topography—Drs. S. D. Richardson, Chairman, Davenport; C. C. Parry, Davenport; J. Williamson, Ottumwa.

Epidemics among Children—Drs. C. Hirshe, Chairman, Muscatine; Wm. Watson, Dubuque; J. Williamson, Ottumwa.

New Remedies—Drs. James Gamble, Chairman, Le Claire; James McCourtney, Davenport; Samuel Knox, Princeton.

Anæsthetics—Drs. A. F. Hudson, Chairman, Lyons; S. B. Thrall, Ottumwa; George W. Carter, Blue Grass.

Diseases of the Eye—Dr. L. French, Chairman, Davenport; Dr. H. T. Cleaver, Keokuk; Dr. W. A. Hosford, Davenport.

Biliary and other Calculi—Dr. W. Gutch, Chairman, Blakesburg; Dr. W. F. Peck, Davenport; Dr. J. C. Hughes, Keokuk.

Vaccination—Dr. E. Whinnery, Chairman, Ft. Madison; Dr. A. S. Field, Des Moines; Dr. W. Vogt, Iowa City.

Hypodermic Injections—Dr. A. S. Maxwell, Chairman, Davenport; Dr. Henry Minges, Dubuque; Dr. Stephen M. Cobb, Muscatine.

Necrology—Dr. A. M. Carpenter, Chairman, Keokuk; Dr. J. M. Shaffer, Fairfield; Dr. J. Williamson, Ottumwa; Dr. J. C. Lay, Dubuque; Dr. A. G. Field, Des Moines; Dr. William Vogt, Iowa City; Dr. G. L. Carhart, Mt. Vernon.

Members of each Committee will please make early reports to the Chairman.

W. F. PECK, M. D. *Secretary*.

EDITORIAL DEPARTMENT.

Periscope.

Remarkable Case of Missed Labor.—Retention of a Fœtus in the Abdomen Forty-three Years.

Dr. R. W. WATKINS, of Toucester, reports in the *Brit. Med. Journal*, a remarkable case, of which we give the main points.

About forty years ago, the patient was in labor with her second child. Her first, born two years previously, had died of hydrocephalus a few years after birth. Labor being lingering, Dr. W's late father had been sent for, who remained with her during the night. On the following day she was left in charge of a midwife. The pains were lingering, but not very severe. On the third day, she felt something "drop down suddenly inside her; and the child, the movements of which she had constantly felt up to that time, at once became cold as stone." She was in great pain, but refused to allow any surgeon or physician to attend her, or have any operation performed. She gradually improved in health, although she was weak for a long time, and did not decrease in size for several years.

Dr. W. was called to see her in January, 1866, finding her much emaciated, with a hard bony tumor in lower part of abdomen, exactly resembling a foetal head. It could easily be moved from side to side, and on careful manipulation, it was thought that the back part of the thorax could be felt in close approximation to it. She was sinking from chronic renal disease, and requested that a *post mortem* examination should be made. The story was corroborated by some of her neighbors, and by the rector of the parish, who had heard from Dr. W's father a full report of the case. It was also stated that, at different times, three little bones, "like finger-bones," had come away from her; but they had not been preserved. On referring to old ledgers, the entry of attendance was found on October 8th, 1822. She died January 13th, 1866.

On post mortem examination, after making an incision through the abdominal parietes and opening the peritoneum, a hard white substance

was immediately observed, which proved to be the vertex or foetal skull; and on enlarging the opening, a perfect foetus was extracted without difficulty. It was covered with plastic lymph; the limbs flexed anteriorly on the body, and the head bent forward, in the manner usually depicted in plates of the gravid uterus. It was attached by the umbilical cord to a vascular tumor of about the size of half an orange, which appeared to be the atrophied placenta, and which was connected by ligamentous attachment to the peritoneal covering of the broad ligament near the left ovary. One portion of this vascular tumor appeared to be a mass of unorganized lymph, containing fluid. Neither the foetus nor the supposed placenta had any adhesions to the peritoneum, except the ligamentous attachment already mentioned. Uterus perfectly normal. No cicatrix nor any marks of injury on its surface. Ovaries pale, but quite natural in size and form. No adhesions of peritoneum, and no appearance of previous inflammatory action in the intestines. Kidneys diseased. Stomach and liver healthy, etc. etc.

The case is interesting as an instance of recovery from tubular gestation and probably rupture, and from the comparatively slight local and constitutional effects of a foreign body retained in the cavity of the peritoneum for more than forty-three years.

A Human Nuisance

Is described as follows by Dr. Furman, one of the Inspectors, in a report to the New York Board of Health:

John Kranchi, alias "Schweizer" (nickname), occupies part of three lots. One of them is situated on the southerly side of Fifty-fifth street nearly midway between the Sixth and Seventh avenues, and is in a condition detrimental to health and dangerous to life. A four hours' fruitless effort was made to find its owner. On this lot is located "Kranchi's" abode, which consists of a barrel and some filthy old carpets spread upon the bare rock. On these he sleeps, and during inclement weather protects his head and such parts of his person as the capacity of the barrel will accommodate from rain or snow. Adjoining his abode is a pile of old lumber sufficiently elevated from the rock to allow his dogs to crawl underneath for rest and protection. All this is surrounded by baskets, barrels, pans, and boxes containing decomposing bones, lobster shells, fish heads and tails, a dead cat and dog, and every conceivable kitchen refuse, swill, and garbage picked out of gutters and so-called ash and garbage boxes; all of which are stewed or cooked in their mixed state by said Kranchi in the open air amidst a shanty population; and when stewed or cooked, are eaten by said Kranchi and his numerous dogs. Evidence is not wanting to prove that he has eaten the dead rats and cats found on the public highways, and that he kills his own dogs for their meat as food, when no other nourishment is on hand. Captain Sloat and William J. Louden state that such and similar charges, as above enumerated, have been heretofore preferred on several occasions against said Kranchi by members of the Twenty-second Precinct Police force,

James MASTERSON, and many other citizens. Being, also, very filthy in his other habits. * *

I charge said Kranchi with occupying premises and possessing habits detrimental to health and dangerous to the lives of those who come in contact with him.

Reviews and Book Notices.

Clinical Notes on Uterine Surgery, with Special Reference to the Management of the Sterile Condition. By J. MARION SIMS, A. B., M. D., late Surgeon to the Woman's Hospital, New York; Fellow of the New York Academy of Medicine; of the Royal Medical and Chirurgical Society, London; Knight of the Legion of Honour, &c., &c. New York: W. Wood & Co. 1866. 8vo. Pp. 401.

Dr. SIMS' reputation at home and abroad, and the importance of his subject, warrant our noticing this volume at some length. Leaving his country in 1862, "on account of its political troubles," he dates his preface in London. The book is dedicated to Sir JOSEPH T. OLLIFFE, M. D., of Paris.

The subjects in connection with which Dr. SIMS has become most famous, post-partum fistulæ and operations for their cure, are not touched at all in this work. A hope is expressed that its author may prepare shortly a fully illustrated monograph upon them.

Clinical Notes these chapters are called; not a treatise. With an "innate horror of writing" the author has avoided the effort to make a book. His style is direct and terse, free from all superfluities. In the introduction he answers as follows the question, "What are the conditions essential to conception?"

"1. It occurs only during menstrual life. 2. Menstruation should be such as to show a healthy state of the uterine cavity. 3. The os and cervix uteri should be such as to permit the free exit of the menstrual flow, and also to admit the ingress of the spermatozoa. 4. The cervix should be of proper form, shape, size, and density. 5. The uterus should be in a normal position, *i. e.*, neither ante-verted nor retroverted to any great degree. 6. The vagina should be capable of receiving and of retaining the spermatie fluid. 7. Semen, with living spermatozoa, should be deposited in the vagina at the proper time. 8. The secretions of the cervix or vagina should not poison or kill the spermatozoa!"

A good practical exposition is given also in the Introduction, of the best methods of uterine examination, including an account of Dr. SIMS' lever speculum for lifting the perinæum, the patient being upon her knees or side.

Section I. is short, considering merely the du-

ration of "menstrual life." A case is given, vouched for by Dr. CURTIS, of Boston, in which a girl ten years and eight months old bore a well grown male child, the father of which was fifteen years of age. Also, one happening under the author's observation, where an old negro woman, fifty-eight or sixty, became a mother. Curious instances of "false quickening" are also narrated, in which women have supposed themselves to be pregnant about the time of change of life.

In the second section Dr. SIMS speaks favorably of *electricity* as an emmenagogue. *Menorrhagia* is treated of us as due to "granular erosion, engorgement of the cervix, fungoid granulations in the cervical canal, or in the uterine cavity, polypi of the os, cervix, or cavity; a fibroid tumor, intra-uterine or intra-mural; inversion of the uterus, hæmatocele, or malignant degeneration of some kind."

Cases are given to illustrate several of these and their treatment. In granular erosion *chromic acid* is with Dr. SIMS a favorite escharotic, more powerful than lunar caustic, and perfectly painless. He dissolves a drachm of the acid slowly in a drachm of distilled water, and dips into this a small pointed glass rod, to apply directly to the granulations.

How to make and use a sponge tent is very well shown by our author (p. 48.) The commercial tents he considers too large. The speculum should be used for the introduction and also for the withdrawal of the sponge. No tent should stay in more than six or eight hours; by that time it causes an unpleasant discharge of very bad odor. Sponge tents are necessary evils to be avoided when possible; but Dr. SIMS has found them even curative of fungoid granulations, and of menorrhagia produced by them.

Glycerin is asserted by our author to be an infallible disinfectant of the sponge tent or other uterine applications. He quotes DÉMARQUAY as the only author who has done justice to glycerin, seeming to be unacquainted with his countryman, Dr. HARTSHORNE's late and exhaustive monograph on that subject.

Uterine polypi, their diagnosis and removal, are well and fully discussed. The *écraseur* is preferred by Dr. SIMS to ligation. He adds the use of a *porte-chaine* for convenience. No woman, he says, should now die of polypus without an effort for its removal. No delicate operation is easier; none more successful. Deligation he considers dangerous. Dr. R. LEE is said to have lost nine of fifty-nine cases treated by it. The assertion of WEST and others that *fibroid growths* in connection with the uterus are very frequent, is con-

firmed by Dr. SIMS. Their diagnosis by the touch, the tent, and the probe, is comparatively easy.

Internal medication, contrary to the reported success of SIMPSON and CHANNING, Dr. SIMS has never found to produce any effect on fibroid tumors of the uterus.

Dr. ATLEE's enucleations and BAKER BROWN's gouging process receive attention. Except to arrest hæmorrhage, Dr. SIMS does not think such tumors should be interfered with unless they endanger life. He has lost two patients in the Woman's Hospital—one by Dr. ATLEE's and one by B. BROWN's method. The first died by hæmorrhage and the latter by pyæmia. Apart from these cases, we believe Dr. SIMS to be perfectly correct in his opinion that such operations are generally unjustifiable. A case is quoted in which conception, gestation, and safe delivery followed the removal of a large intra-uterine fibroid, Mr. GRIMSDALE, of Liverpool, being the operator.

BAKER BROWN is reported now to content himself simply with incising the os and cervix. Dr. SAVAGE, of London, injects, with asserted advantage, tincture of iodine into the cavity of the uterus.

Inversion of the womb occupies a number of interesting pages. Since TYLER SMITH's introduction of the plan of reduction by the India-rubber air-ball, old cases of this have become manageable. Prof. WHITE, of Buffalo, first succeeded in this operation in this country. Dr. T. SMITH and Dr. C. WEST have replaced the uterus after twelve years' inversion.

Dysmenorrhœa our author finds to depend in a very large majority of cases upon mechanical obstruction, especially contraction of the os, or flexure of the cervix. He does not believe in constitutional dysmenorrhœa any more than in constitutional colic. Dilatation with bougies or sponge tents has not succeeded well with Dr. SIMS. Metro-peritonitis has sometimes followed it. He prefers to enlarge the canal by bilateral *incision*. This he asserts to be far less painful than forced dilatation, as well as safer and more successful.

This operation of incising the neck of the womb is not much in favor either at London or Paris. Dr. SIMS, however, speaks with confidence about it, having performed it between twenty and thirty times without accident. Dr. SIMPSON has the credit of devising this operation. To cure dysmenorrhœa by it is also generally to cure sterility, which depends often on the same cause.

On sterility Dr. SIMS is very full, having studied the subject evidently *con amore*, and handling it, in a literal sense, without gloves. Close inspection of the size, shape, and position of the cervix uteri, and even chemical examination of its secretions, sometimes will reveal the secret of barrenness, amenable to treatment.

Of 250 married women who never had children, 103 had anteversion and 68 retroversion. Two-thirds also of a similar number who had children, and then prematurely ceased to conceive, had one or the other malposition. Our author does not mention *lateral* displacement. We have seen a case in which a decided obliquity was connected with sterility after early maternity. Dr. SIMS employs the uterine sound only for *diagnosis*, never to replace the womb, regarding such an attempt with it as dangerous. He replaces the uterus by *manipulation*. The risks of Dr. SIMPSON'S intra-uterine stem are considered by Dr. SIMS as too great to allow of its use.

Of pessaries, our author prefers HODGE'S horse-shoe shape, but made of light material, as gutta percha. No man, says he, who is not a mechanic, ought to use a pessary, so important is it for it to be adapted to the case. It is an evil to have to use such an instrument, but sometimes it is necessary. Dr. SIMS has repeatedly advised the introduction of a pessary to adjust the uterus for sexual intercourse to favor conception, and with success. We should suppose that this is not a common experience.

In some cases of retroversion with anteversion a cotton pessary is recommended. Dr. SIMS has invented a *porte-tampon*, with which the patient can introduce such a supporter, or a tampon to suppress hæmorrhage. Some who can wear no other kind of pessary will bear a cotton one.

Full consideration is given to *procidencia* in the book before us, with a clear account of successful operations for its relief. Three processes especially are described:

"1st. Amputation of the cervix according to the plan of HUGUIER, when its infra-vaginal portion is too long. I have often seen procidencia cured by this alone. 2d. The perinæal section, as performed by Mr. BAKER BROWN, Dr. SAVAGE, and others. 3d. The operation of narrowing the vagina by the trowel or triangular-shaped denudation on its anterior wall, as performed by Dr. EMMET and myself." P. 310.

For those who will not have any operation, and find no relief from HODGE'S, MEIGS'S, or ZWANG'S pessaries, Dr. SIMS would expect advantage from Dr. FORDYCE BARKER'S tampon, soaked in solution of tannin.

Under the head of morbid states of the vagina, preventing conception, VAGINISMUS is treated of. This is a term coined by our author, meaning spasmodic occlusion of the vagina. The word seems to be needed. Irritability to the touch, as extreme as that of a tender tooth, or of photophobic eyes to the light, is met with sometimes. How can conception be made possible under such circumstances? Dr. SIMS claims to be sure of the cure of vaginismus by the operation of removing the hymen and a portion of the mucous lining of the vagina surrounding it. Sometimes this affection has been proved, and it may generally, if not always, be supposed to be, neuromatous.

But a *palliative* measure is also mentioned under the title of "*ethereal copulation*." Certainly this is one of the extraordinary things of practice. A case will show what is meant by it. A married couple failing in intercourse, from vaginismus, the family physician advised etherization; and, for two or three years, this being found successful, the practitioner made it "his business to repair regularly to the house of this couple *two or three times a week* to etherize the poor wife for the purpose above alluded to." Conception occurred, and the same practice was continued "during the whole period of utero-gestation." (P. 334.)

Dignified as the part of the obstetrician may be, in safely guiding, through suffering, the process of delivery, we confess we see *no* dignity in such chambering as the above. Rather the words of HAMLET come to mind: "To what *base* uses may we come, HORATIO!"

Other curious things are told of in this book; most so, perhaps, Dr. SIMS' history of his experiments in "mechanical impregnation." This is the injection, by an instrument for the purpose, of semen directly into the uterus, when, from displacement or contraction of the os, or some other defect, intercourse had proved fruitless. Such experiments Dr. SIMS has performed fifty-five times on half a dozen patients, in two years, with one conception following. He has now given up the practice, which has also failed in the hands of Dr. G. HARLEY, of London.

We are not surprised at its abandonment; the wonder is, that the three parties necessary in each case—a man, a woman, and a physician—could ever, by any "fortuitous concourse," have found themselves together for such an operation. It proves that it does, indeed, take "all sorts of people to make a world." We had thought to have seen and known, before, something of almost all kinds of practice; but this *out-Simses* SIMS.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, JULY 7, 1866.

VOLUME FIFTEENTH.

This number commences the fifteenth volume of the MEDICAL AND SURGICAL REPORTER, and we are happy in being enabled to present our readers the best programme we have ever offered the profession for a single volume. Dr. AGNEW, of this city, commences in this number a series of very valuable papers on *Vesico-vaginal Fistula, and its Treatment*, which will be illustrated by more than fifty first-class engravings on wood; and Dr. BANNING, of New York, begins a series on the *Physiological and Pathological Relations of the Trunkal Muscles, with the Therapeutic indications involved*. Dr. CUTTER, of Boston, will next week commence the subject of the *Treatment of Throat Affections by Medicated Vapors and Spray Producing instruments, and on Local Anæsthesia*. Dr. DA COSTA, of this city, will soon contribute some clinical remarks on *Laryngoscopy*, and on other subjects, specially prepared for our pages. All the above articles will be fully illustrated. Dr. J. J. WOODWARD, Assistant Surgeon U. S. A., will contribute articles on that interesting subject, *Micro-Photography*, which he has carried to such perfection in illustrating morbid conditions of the organs. Dr. BAUER, of Brooklyn, will furnish a series of articles on *Spermatorrhœa and its Treatment*, and Dr. FRANCIS, of New York, is preparing *Biographical Sketches of Distinguished Living Physicians* of New York. The series will begin next week with that of Dr. MARTYN PAINE. Dr. TURNBULL, of this city, will continue his valuable *Ophthalmological* papers, which will be fully illustrated. Dr. N. S. DAVIS, of Chicago, Ill., will discuss the subject of *Medical Education*, one of the most important topics now before the profession of this country; and Dr. GARRETSON, of this city, will furnish a series of papers on *Surgical Diseases of the Mouth*.

Besides these we expect a continuance of the valuable practical contributions of Dr. WALTER, of Pittsburg, Pa., and Dr. DUTCHER, of Cleveland, Ohio. There is also preparing for our pages a complete *Medical and Surgical History of the United States Navy* during the late war. We have also engaged a series of papers from the pen of Prof. BARKER, of New York, on subjects connected with *Obstetrics and the Diseases of Women*, which we hope to present in the fall on his return from Europe. We are also making permanent

arrangements for an intelligent correspondence from Europe, which, in view of the war just commenced there, will undoubtedly be full of interest. Added to the above will be our usual *Clinical and Medical Society reports*, a full *Periscope*, foreign and domestic; *Reviews and Notices of Books*; independent out-spoken *Editorials* on all matters of interest to the profession, and *Medical News and Miscellany*. Our *Domestic Correspondence* department has also acquired great interest and importance, which will be fully sustained. One feature of our work which we regard as peculiarly valuable is the contributions we receive from *country practitioners*. There is no journal in the country that has so much communication with country physicians, and we aim to make the REPORTER specially valuable to them.

In the editorial department we shall be aided—as we have been for nearly a year past—by Dr. CHARLES F. J. LEHLBACH, now of Newark, N. J., who is well known as one of the best medical writers in the country. The review department of the work is principally under the direction of Dr. HENRY HARTSHORNE, of this city, who will employ such aid as he may require in conducting it.

Now, subscribers and readers, friends of American medical literature, what need we say more, excepting that all this will be attended with *great expense*, and we shall need your hearty coöperation both in prompt payments of your own subscriptions and in extending our circulation. Whatever you do in this line is done in the general interest of medicine.

We commence the volume with an enlargement by several pages, but do not expect to continue it beyond a few issues, unless justified in doing so by a very considerable increase in our subscription list. We shall have literary material enough, and would gladly give twenty-four pages of reading matter each week, and even more, and shall do so as soon as the income of the work or a decrease in the cost of production will justify it.

It has always been one of the main objects of the REPORTER to furnish in its pages a reflex of medical opinions and progress throughout the United States, and to represent in its columns the interests of the whole profession, untrammelled by any local interests, cliques, or parties. The NATIONAL CHARACTER of our enterprise is best shown by the NATIONAL APPRECIATION which it has met. Any one who glances over our weekly lists of "communications received," will see that our circulation is limited only by the limits of the Post-office Department of the United States. The REPORTER reaches our profession in

every State and Territory of the Union, from the Atlantic to the Pacific, from the Lakes to the Gulf. There is, hence, no better vehicle of communicating scientific facts and observations to the whole profession, than through the pages of the *REPORTER*.

One of the reasons why the *MEDICAL AND SURGICAL REPORTER* has met with such success, has been its *independent* and *timely* discussion, in its editorial columns, of all questions of interest to the profession, its wide-awake attention to public measures connected with the advancement of our science, and its fearless criticism of everything and everybody standing in the way of medical progress. Our editorial columns we look upon, not as so much space to be filled by some talk on "anything," but as devoted to the discussion of vital questions in the science or the ethics of our profession.

From the encouragement we have met in the past, and the solid support that has been extended to the *REPORTER* by the profession throughout the United States, two things are plainly evident: that the profession needs an independent, straightforward, honest, outspoken, fearless, *WEEKLY* medical literature; and that, to some extent at least, the *REPORTER* has supplied this want. We need but refer to the above *PROSPECTUS* for this new volume, to convince our readers that we are still *progressing*, and to those who are not yet our readers, that it would be to their *OWN INTEREST* to become such.

PHOTOGRAPHY APPLIED TO THE MICROSCOPE.

During a recent visit to the Army Medical Museum at Washington, our attention was arrested by the progress which has been made by that institution in the application of photography to the representation of objects as seen with the microscope. The work was commenced at the suggestion of Dr. J. J. WOODWARD, U. S. Army, formerly of this city, for the purpose of preparing the histological series of pathological illustrations for the medical history of the war; and the experiments made, have been conducted to their successful termination in a practical art, under the supervision of this officer, by his skilful assistant, Dr. EDWARD CURTIS, to whom the immediate manipulation was entrusted. Among the results exhibited to us were a series of splendid transparent fac-similes of the field of the microscope, with various powers, from ten to twenty-five hundred diameters, photographed directly from the instrument, and enlargements of

these, some of them to the enormous power of nineteen thousand diameters, which still, however, preserve surprising sharpness of definition. The subjects shown us, were a series of diatoms, (test objects,) a large series of sections of diseased intestine, (camp fever and diarrhoea,) and a number of miscellaneous objects, as the trichina spiralis, a series illustrating the method of cell division, as shown in growing cartilage, etc., etc. It is intended to place these magnificent specimens in the hall of the Museum, so soon as it is removed to FORD's Theatre, which is now being fitted up for the purpose. In the meantime, they can be seen by physicians at the laboratory of the Surgeon-General's office, at No. 180 Pennsylvania Avenue, Washington.

Printed copies of some of them have been very kindly given to us, and can be seen at the office of this journal, although, of course, far inferior to the transparent prints on glass, of which we speak. They will, nevertheless, give a just idea of the excellence of the work.

In fact, we are not in any respect going too far, when we claim for this work, not only that it is a complete success, and fully adequate to the purpose for which it was undertaken, but that it is the most successful attempt of the kind that has ever been made, and that the Army Medical Museum now stands, in the matter of microphotography, far in advance of any public institution or private investigator in the world.

That this statement of ours is not an extravagant one, will be seen by the following frank and manly letter from the celebrated Dr. MADDOX, one of the acknowledged heads of this branch of research in Europe, which we clip from the *British Journal of Photography*, for May 25th, 1866, with some remarks by the editors.

Photo-micrographs.

"To the Editors:

"GENTLEMEN,—I am desirous of making known through the medium of your Journal, the magnificent results in photomicrography obtained in America, by Brevet Captain EDWARD CURTIS, Assistant Surgeon U. S. Army, in the laboratory of the Army Medical Museum, which mark the value I have so often advocated of its utility in your Journal, and elsewhere. It appears from the memorandums on the backs of the prints, and by a private letter from Dr. WOODWARD, Bvt. Major and Assistant Surgeon U. S. Army, to whom I am indebted for their possession, that two competitive photomicrographs have been taken, one by POWELL & LELAND's one-fiftieth objective, and the other by an American maker's one-eighth objective, brought up to an equivalent power by an achromatic amplified in the place of an eyepiece (WALES'). The former magnified 2344 diameters, the latter 2540 diameters, and from each

of these negatives a further enlargement to 19,050 diameters. In the choice of the prints selection would, I expect, be given to the negative by the one-fiftieth in the one case as being somewhat sharper and brighter than the one-eighth amplified; and in the other case to the enlargement from the negative taken by the latter. They are *both so equally good*, and so far in advance of anything I have seen in this country that the greatest credit is due to Captain CURTIS; and I am glad to be able, through the kindness of Mr. How, of 2 Foster Lane, Cheapside, to favor those desirous of seeing the originals with their inspection.

"I am, yours, &c.,

"R. L. MADDOX, M. D."

[Those of our readers interested in this application of our art-science, would do well to call at Mr. How's to see the wonderful specimens of microphotography alluded to in Dr. MADDOX's communication.]

With the exception of some most successful experiments with a one-fiftieth of an inch objective, constructed expressly for the museum by Messrs. POWELL & LELAND, of London, all the work done there has been executed with American object glasses. Mr. W. WALES, of Fort Lee, New Jersey, is the skillful optician by whom these glasses were constructed. Dr. WOODWARD explained to us, however, that the reason of the great success of the museum work is to be found less in the perfect workmanship of these glasses—though in his opinion they have never been excelled—than in the new principle on which they are constructed. They are simply made to bring to a focus the violet end of the solar spectrum where are the chemical rays, at the expense of all apparent achromatism. In illuminating them for work the direct light of the sun is employed, but it is first passed through a solution of the ammonio-sulphate of copper, by which practically all but the violet ray is absorbed.

In Europe, strange to say, while a correction for the chemical focus has been proposed and even practiced, the result was comparatively a failure, because correct focussy was interfered with by using ordinary unmodified solar illumination. On the other hand violet light has recently been proposed as an illumination for micro-photographic purposes by the Count CUS-TRACUNE, who, however, omits the indispensable precaution of correcting the objective expressly for the violet ray.

In photographing the soft tissues a thin piece of glass is also interposed in the solar beams to disperse the light and destroy those interference phenomena which have rendered European attempts at the photography of most of these tissues with high powers so completely abortive.

We advise any of our readers who may visit

Washington not to fail to obtain a sight of these pictures, for it is impossible not to realize that a new and more positive era is about to open for microscopic research, now armed with this powerful method of attaining accuracy, by which real microscopic appearances can be communicated to those who do not use the instrument; and investigators in distant parts of the world can compare their results without misleading each other by those fanciful misinterpretations which have so often, whether intentionally or unintentionally, been expressed in microscopic drawings.

Unfortunately photo-lithography and other methods of preparing engravings photographically, have failed as yet to reproduce properly the wonderful delicacy of detail displayed in the museum pictures, but for the present they are readily copied by hand either on steel or stone, and the time cannot be far distant when the further improvement of the already promising art of heliographic engraving will fit it for the reproduction of the results of its more advanced sister art, micro-photography.

THE METROPOLITAN (N. Y.) BOARD OF HEALTH AND THE ACADEMY OF MEDICINE.

We are glad to be enabled to record the prompt and decided action of the Academy of Medicine regarding the resolution of the Board of Health, alluded to in a late number, inviting homœopaths to take charge of patients under control of the Board. At the very next meeting of the Academy, the subject was called up by Dr. SATRE, who, in his remarks, took occasion to quote our former article as evidence of the grave interests at stake, and of the importance which the profession of the United States attached to the occurrence. Dr. POST, the mover of the previous resolution, which, in a general way, endorsed the Board of Health, and offered the coöperation of the Academy, came promptly forward with a resolution to the effect, "that in offering their coöperation to the Board, the Academy does not wish it to be understood as endorsing the appointment of homœopaths," thus disclaiming any sympathy with the action of the Board in this matter.

We suppose that this will be satisfactory to the profession, as far as the ACADEMY is concerned. But is the profession satisfied with the action of the individual members of the Board of Health, in giving their consent to place the charities under their charge partially under the control of charlatans? Were they *out-voted* by a unanimous vote of all the lay-members of the Board

against them—*five to four*? If they found themselves unable to exert sufficient influence to keep quackery out of the Board, *why did they not resign*? Do they believe that the cause of such resignation would have continued for twenty-four hours? What benefit are *four* medical men in the Board, if they have *so little* influence that they cannot resist the first attacks of medical humbug? These are questions which the medical members of the Board must answer to the profession.

There are none of our readers throughout the United States who do not know that, from first to last, we hailed the inauguration of the new Board of Health in New York as one of the necessities of the country, as one of the great experiments in sanitary science and sanitary government. Neither political nor personal considerations had anything to do with shaping our strenuous advocacy of the movement. And, therefore, it is with grief that we see the names of men of whom the profession of the United States has learned to be proud, associated, publicly and professionally, with a *tame submission to quackery*, and an unwarranted attempt to conciliate one of the most glaring delusions in the practice of medicine. We still believe that the action of the medical members of the Board has been simply *hasty*; and therefore we beg of you to come forward, *as you are in duty bound to do*, and give an explanation of your action in this matter, to the profession. MEDICAL SCIENCE has placed you in the position in which you are, and to IT you are responsible for your acts.

There was one remark made at the last meeting of the Academy, when this subject was under debate, which we cannot but mention, in order to show what flimsy excuses are sometimes offered in extenuation of wrong. One gentleman, and one only, attempted to justify the action of the Board on the ground that the results of giving the homœopaths control of a hospital would doubtlessly be so detrimental to their cause as to put a final quietus upon their claims. As if the folly of HAHNEMANN had not been already demonstrated a thousand times, *and as if science needed the sacrifice of a thousand lives, offered on the altar of homœopathy, under the superintendence of the Metropolitan Board of Health, to smite the image of the false god!*

For the sake of charity and common sense, we hope that good fortune will save the medical members of the Board from such apologists and friends.

AMERICAN MEDICAL ASSOCIATION.

We have received the following note from Dr. FRANCIS G. SMITH, Chairman of the Committee of Publication of the American Medical Association.

The *best* way to relieve the treasury of the Association will be for members who do not possess all the back volumes to purchase those lacking to complete their sets, thus, while aiding the Committee, adding value to their own libraries.

DEAR SIR.—The Committee of Publication are obliged to appeal to the members of the American Medical Association for contributions of money to defray the expenses of printing and illustrating the Transactions of the last meeting.

The amount of assessments at the meeting in Baltimore falls short of that required, by more than one thousand dollars, and unless this deficiency is supplied the volume cannot be published.

Many members have expressed their willingness to contribute, and one has agreed to give a hundred dollars, if there is any prospect of aid from others. You are earnestly requested to contribute, and to forward whatever amount you may be disposed to give, to Dr. C. WISTER, 1303 Arch Street, Philadelphia.

Notes and Comments.

Steam as a Disinfectant.

Important experiments have been carried on during the last few weeks under the supervision of Dr. A. N. BELL, of Brooklyn, aided by Drs. STILES, CONKLIN, J. LEE, and others. The experiments were made at Seguin's Point.

Dr. BELL contends that steam is a far better disinfectant than chlorine, the latter remedy rotting the clothes, while the former is thoroughly efficacious, and makes not the slightest difference in the clothes, beyond the great one of disinfecting them of all disease.

The apparatus used for the experiments was simply an ordinary steam boiler of three-horse power, and a WOODWARD's force pump—the latter connected with a coil of pipe 360 feet in length, inclosed in another furnace, by which the steam from the boiler is superheated and makes dry steam. From this furnace a section of pipe is carried to a small chamber containing about 500 cubic feet, in which the disinfecting is to be done. The pipe was in the centre of the floor, from which the steam is concentrated. On the wall was a self-registering thermometer; on the top of the partition of this room was another thermometer, and at the bottom still another. These were placed there to mark the different degrees of temperature during the experiments.

The experiments commenced by a five minutes' test, during which time some oysters, clams, fish, and three eggs, through eight thicknesses of blanket were cooked. By this it was understood to show that all animal matter being subjected to the action of super-heated steam will at once be

destroyed. At the commencement of the test the lower thermometer marked 90 degrees Fahrenheit, and the upper one 83 degrees. During the five minutes occupied in the experiment the gauges of heat stood as follows:

Minutes.	Lower Ther. Degrees.	Upper Ther. Degrees.
1.....	105	120
2.....	155	178
3.....	185	220
4.....	202	202
5.....	200	198

A second test was then made, which lasted ten minutes—oysters, eggs, &c., being put in as before, as well as a coat and a pair of white linen pantaloons. Before the door was shut the indicator marked 162 degrees (the lower) and 140 degrees (the upper). The annexed table will show the various degrees of heat obtained:

Minutes.	Lower Ther. Degrees.	Upper Ther. Degrees.
1.....	167	165
2.....	180	190
3.....	185	196
4.....	192	212
5.....	185	210
6.....	198	214
7.....	212	216
8.....	202	216
9.....	205	220
10.....	208	225

The self-registering thermometer indicated 260 degrees. Dr. BELL accounted for the variation of the lower and upper thermometers by the fact of the lower one being connected with the chamber by an iron tube. Iron being a conductor of heat prevented it marking the gradations of heat correctly. The clothing placed in the room was perfectly dry, and the linen pants, now considered perfectly disinfected from all disease, were as dry as a bone, and the starch and folds made by ironing were not even taken out of them. This, Dr. BELL claims, is done by his steam being super-heated, which is the secret of his success as a disinfectant. To thoroughly cleanse and purify the clothes of emigrants and passengers will take two hours; at the end of which time it will be considered safe to allow them to go anywhere they please.

A retort can be attached to the steam pipe, capable of injecting any volatile substance or disinfecting agent into the chamber, such as chlorine, carbonic acid, fumes of coal tar, &c. If used, these chemicals will be heated to the utmost intensity, thus giving them greater power.

It is stated that a ship can be disinfected in the same way. The boilers of a tug will be used, and a portable super-heating apparatus be erected on board. In one day a ship, by this plan of disinfecting, can be thoroughly purified, and she will be enabled to come to the city in safety. If this is the case it will be the saving of many thousand dollars to our merchants and shipowners.

Uterine Displacements.

Dr. BANNING's article, already published, on uterine displacements, has led to a large correspondence, both with our office, and directly with him, as to how patients may secure the benefits of his auxiliaries for their treatment. The subject will be more fully treated upon in subsequent articles of the series. Dr. BANNING has also con-

sent, at the urgent request of several correspondents, to "receive a limited number of their patients into his residence" (No. 11, St. Mark's Place, New York), for a sufficient length of time to adjust the instruments, and overcome contingencies; giving attention only to the mechanical department of their cases. Also, that each of his other mechanical auxiliaries, which are especially effective, and readily adjustable by the practitioner, will be expressed to order.

Correspondence.

DOMESTIC.

Twins with One Placenta, Two Cords, and One Set of Membranes.

EDITOR MEDICAL AND SURGICAL REPORTER:

Believing it may prove of much interest to the profession, I send you the following account of an anomalous case of twin births which lately occurred in my practice.

On the 29th of May last, between one and two o'clock, P. M., I was called to go about five miles from my office, to attend a lady in labor. She had been suffering great pain for several days, but it being her first pregnancy, and having been under treatment, for a chronic hepatic affection, for several months by a Pittsburgh physician, together with the fact that it was but the sixth month of gestation, she naturally enough attributed all to her old complaint of the liver, and deferred sending for me until the last moment.

On my arrival, I found she had been delivered of two female children, within fifteen minutes after the time the husband started to summon me to attend. From their size and the best information I could gather, they had reached the twenty-third week of gestation. The first was born by the breech, and the second followed, within ten minutes, by the cephalic presentation. Both were perfectly formed, with no perceptible difference in size, nor scarcely any in features. Though no signs of life appeared in either on my arrival, near two hours after the delivery, I was assured that the first had exhibited evidences of life for about an hour after birth, but, though the efforts made to restore the vital powers to a normal standard had been of an intelligent and judicious character, life soon became extinct. The second bore slight indications of life when born, but all efforts for restoration were useless.

I found the mother much exhausted from her labor and sufferings, and rapidly losing strength from excessive hæmorrhage. The placenta being

within the uterus, and partially detached from its walls, (for I had, from examination, diagnosed but one placenta,) I at once passed my hand, and, with considerable difficulty, detached and removed it, when, from careful inspection, I found the following very interesting anomaly, viz.

One placenta, from ten to twelve inches long, and six inches broad, the two cords being inserted equidistant from the ends, and about six inches apart, or nearly in the centre of either half, the whole presenting one perfect set of membranes, one amnion, one chorion, with two umbilical cords; in short, I found it a case of two well developed female children in one perfect set of membranes, which became still more certain in my mind when, upon questioning the mother and the two female attendants, I was assured positively by each, that there was no second discharge of waters preceding the birth of the second child, but that there was an excessive quantity preceding the first.

I have never before met with a like case, nor do I know of but one similar to it on record, which is reported by Dr. BEDFORD, of New York. But that differs from this in three particulars: First. Both died in utero several weeks previous to birth, and were in a state of decomposition when born. Second. It was a case of placenta prævia. Third. The cords were inserted in juxtaposition in the placenta.

I believe, with early and proper attention, this woman might have gone her full term, and thus presented the strange phenomenon of two perfectly-formed and well-developed children from one set of membranes, settling forever the question of the possibility of an occurrence so positively denied by some authors. This woman is now enjoying her usual health.

B. F. REYNOLDS, M. D.

Harmerville, Pa.

A well-founded Complaint.

EDITOR OF MEDICAL AND SURGICAL REPORTER:

May I ask you to publish in your excellent journal, which I am glad to know is so widely distributed over our country, the following suggestion, in the hope that its mere publication will remedy the evil complained of.

I happen to have a very large medical acquaintance throughout the Union, so that scarcely a day passes in which I am not in receipt of a letter or letters, asking for information on various matters, for vaccine virus, or other favors.

Now, I am happy always thus to oblige my friends, and I do not think I am naturally of a close or penurious disposition, but I would re-

spectfully ask, *is it fair* that I should be taxed, day after day, with the postage on letters in reply which furnish the information sought, or which supply, without charge, some want required by my distant friends?

A single stamp, it is true, costs but little, but when this is demanded day after day, the aggregate becomes no inconsiderable item. I do not think I exaggerate when I state, that my bill for such stamps, thus expended during the past year for my friends' benefit, has been not less than ten dollars.

Not to mince matters, I would say: let each man asking a favor of his friend by letter, *enclose a stamp for the return letter*, and he will then have acted as a gentleman should act. For one, I am tired of being imposed upon.

A PHYSICIAN.

June 17th, 1866.

An Improved Mouth-Piece for Administering Nitrous Oxyd Gas.

EDITOR MEDICAL AND SURGICAL REPORTER:

In Prof. CARNOCHAN's article on nitrous oxyd gas, in a former number of the REPORTER, he speaks of the want of a proper instrument or mouth-piece for its administration, so that the same material need not be breathed over and over again. This is indeed a most serious objection to the common method of administering it, when the gas is inhaled from the bag into the lungs, and exhaled into the bag again, loaded with carbonic acid and other impurities, a portion of the nitrous oxyd being absorbed each time it is inhaled, it is obvious that during the latter part of its administration the contents of the bag must become very impure, and positively injurious to breathe.

An arrangement that will entirely obviate this difficulty may be easily made by taking a common black rubber mouth-piece, such as is usually used in administering the gas, cutting it in two between the mouth-piece proper and the stop-cock. From the mouth-piece extend a plain neck or cylinder of silver or brass, about two inches in length, and an inch and a quarter calibre on the top part of this neck. Let there be a hole the same size as the one through the mouth-piece, with a self-acting valve fitting over it. The valve may be made of leather, one edge extended, and fastened down to the cylinder, acting as a hinge; a piece of brass should be fastened on the top to give it sufficient weight, so that it will readily fall down to its place. The stop-cock section it will be necessary to enlarge in diameter, by fitting a collar of wood around it,

so that it may be screwed into the end of the cylinder on the mouth-piece. The end should be made plane, and over the opening for the escape of gas, fit a valve similar to the one on top. In the act of inspiration this valve will allow the escape of gas from the bag, while the one on top will remain closed. The force of expiration will shut this valve, and force open the one on top, and allow the breath to escape into the room. My partner, Dr. J. M. Davis, and myself have used such a one in our dental practice for months, and find it much pleasanter to our patients, and more satisfactory to ourselves to give pure gas. I do not suppose it would be so practicable in protracted operations, as it would require a very large bag, and consume more gas, but for teeth extraction, and short surgical operations, very little more gas is required, and not a particle of it breathed over twice.

THOMAS S. STEVENS, D. D. S.

Trenton, N. J., June 23d, 1866.

Lime Inhalations in Diphtheria.

EDITOR MEDICAL AND SURGICAL REPORTER:

For some time past, I have been much interested in reading the articles in the REPORTER on "lime inhalations in diphtheria."

Remembering the solvent power of the stronger alkalis on the cuticle, hair, nails, and other animal tissues, the thought at once occurred to me, that "lime inhalations" would be just the thing in diphtheria, and I determined to give it a trial the first opportunity.

I was called to see a child, seven years of age, affected with diphtheria. The tonsils were enlarged, and the mucous membrane presented a bright-red appearance. A small patch of false membrane occupied the left tonsil. The constitutional symptoms were very slight.

I swabbed the throat with tr. ferri chloridi, and gave five drops internally every four hours. The next morning, the tonsils were covered with false membrane, which had ascended to the palatine arches. Small patches were also visible on the uvula.

At this time, the cervical and sub-maxillary glands were much swollen and painful to the touch. I prepared the lime for inhalation as directed by Dr. GEIGER, and was soon pleased to see it exert its beneficial effect. Small patches that covered the uvula were entirely dissolved, and those on the tonsils were diminished in size. I directed the inhalations to be continued at intervals of four hours. Toward evening, the false membrane had entirely disappeared, but returned

again the next day, and was again removed by the lime inhalations.

This is the only case I have had an opportunity of giving this new method a trial in, and so far, I am pleased with its effects, though, as yet, I am unable to form any very decided opinion in regard to its remedial effect in diphtheria. The danger in diphtheria never seemed to me to be so alarming merely from a few patches of false membrane having formed in the throat. These, though they sometimes produce death, are not always the cause of it. I look with most anxious solicitude to the prostrating effect of the disease on the system. Hence I am always inclined to support the system by the use of proper remedies and the internal use of tincture of iron.

Should the lime inhalations prove effectual, however, in removing the false membrane, I would be disposed to use gargles of diluted tincture of iron or tannic acid, with the view of preventing any further formation of it.

THOMAS BYRNES, M. D.

Walcott, Iowa, June, 1866.

News and Miscellany.

Long Island College Hospital.—Commencement.

The seventh anniversary of the Long Island College Hospital (the only department of the "University of Brooklyn" yet in existence) was celebrated, Thursday evening, June 28th, at the Athenæum, in Atlantic street, Brooklyn. A very large and fashionable audience, largely comprised of the fair sex, lent their presence to the occasion, and the sweet music of Helmsmuller added its pleasing enchantments. The stage was occupied by the Faculty of the College and various other well known gentlemen, among them S. B. CHITTENDEN, Esq., Supervisor OSBORNE, Prof. DOCHARTY, of the College of the City of New York, the Rev. Drs. STORRS and VINTON, and others. Dr. JOHN J. VAN NOSTRAND occupied the chair.

Prayer was offered by Rev. Dr. VINTON; the degrees were conferred by Dr. T. L. MASON, the President of the Faculty, who also addressed the graduates. Rev. Dr. STORRS also delivered a pointed practical address, which elicited much applause. The valedictory was given by Dr. J. C. GOODRICH, Jr., of the graduating class. The exercises were interspersed with music.

The following are the graduates:

*British Possessions—Canada—*Geo. A. Tye, S. S. Henderson.

*Maine—*Joseph G. Pinkham, A. M.

*New Hampshire—*A. W. Shepard, R. B. Prescott.

*Vermont—*G. R. Sherwood.

*Connecticut—*L. M. Gilbert.

*New York—*J. C. Goodrich, J. L. H. Elmdorf,

A. M., James Watt, Jr., E. Beach, L. D. Mason, Henry T. Antis, W. H. Sanborne, G. F. Lewis, R. H. Chittenden, C. P. Hecker, A. C. Valentine, A. B., P. B. Collier, Thomas Rowe, Eugene Jehl, R. B. Smith, M. H. Blynn, L. Wood.

Pennsylvania—A. J. Laubeck, U. S. Hyett, W. F. Barclay, L. R. Metzgar, Robert Robinson, Reuben Smith, S. T. Thompson.

Ohio—C. W. Buringer, John Adams, F. A. Dubois.

Indiana—E. W. McAllister, W. B. Jones.

Illinois—J. C. Martin.

Wisconsin—J. W. Corbitt.

Michigan—G. C. Braithwaite.

Maryland—W. W. Evans, T. W. Healey.

Virginia—C. W. Peck, J. A. Sussdorf.

North Carolina—Elisha Porter.

Florida—James McKinstry.

Louisiana—H. Shafer.

Missouri—B. C. Bristol, A. B.

Kentucky—G. W. Griffiths.

New Hampshire Medical Society.

The annual meeting was held at Hanover, on the 5th and 9th of June, 1866. The officers for the ensuing year are:—*President*, R. P. J. TENNEY, M. D., Pittsfield; *Vice-President*, A. H. ROBINSON, M. D., Concord; *Secretary*, NATIAN CALL, M. D., Suncook; *Treasurer*, THOMAS WHEAT, M. D., Manchester; *Delegates to other State Medical Societies*—To Massachusetts, Dixie Crosby, M. D., Hanover, P. A. Stackpole, M. D., Dover; to Rhode Island, N. W. Oliver, M. D., Portsmouth, A. H. Robinson, M. D., Concord; to Connecticut, L. M. Knight, M. D., Franklin; S. L. F. Simpson, M. D., Concord; to New York, J. P. Bancroft, M. D., Concord, G. A. Crosby, M. D., Manchester; to Vermont, Dixie Crosby, M. D., Hanover, John Clough, M. D., Lebanon; to Maine, L. G. Hill, M. D., Dover, T. J. W. Pray, M. D., Dover; to New Jersey, E. K. Webster, M. D., Boscawen, L. C. Bean, M. D., Lebanon.—*Boston Med. and Surg. Journal*.

The Inventor of the Guillotine.

A quaint letter from Dr. Guillotin has been discovered. It reads thus: "*Mon cher*: The punishment which I have invented is so gentle—so gentle that really it is only the idea of death which could make it disagreeable. Indeed if one were not thinking of death, one would only experience the sensation of a slight and pleasant coolness on the neck, *et voila tout!*"

Poor GUILLOTIN! he little thought that this "gentle punishment" would soon be brought to bear on himself!

— A prize of 50,000 francs is offered by the French Government for the discovery of the most important application of the voltaic pile to industrial and scientific purposes. Competition is offered to all nations, and the claims will be examined in five years.

— The wife of a Bristol, (R. I.,) physician has passed the examinations necessary to her admission into the profession of medicine, and she now assists her husband in his practice.

Dr. FREEMAN J. BUMSTEAD has been appointed Professor of Materia Medica and Clinical Medicine, to fill the vacancy caused by the death of Prof. JOSEPH M. SMITH, in the College of Physicians and Surgeons, New York.

— Sir CHARLES EASTLAKE fell a victim to the wretched ignorance of the Italian physicians, who bleed on any and every occasion mercilessly. His grave is near that of Mrs. Browning, at Florence.

— There is such a dearth of physicians and surgeons in the Austrian navy, that the government offers to engage young men who have not yet completed their medical studies.

— PROFESSOR OWEN.—Two volumes, just published in London, complete Professor OWEN's great work on the Anatomy of Animals, on which, it may be said, he has been engaged in study and with the pen for more than half his lifetime. The subjects of these volumes, "On the Anatomy of Vertebrates," are Fishes and Reptiles and Birds and Mammals.

— Another explosion of nitro-glycerine is reported from Sydney, N. S. W. The explosion occurred in the establishment of Messrs. MOLISON & BLACK, shipping agents, at the lower part of Bridge-street, near its junction with Pitt-street. So violent was the force of the explosive matter that the entire building has disappeared, and scarcely a vestige of the store remains.

Army and Navy News.

NAVY.

List of changes in the medical corps of the Navy during the week ending June 30th, 1866.

Asst Surgeon Jas M. Flint, detached from Receiving-ship at Baltimore, and ordered to temporary duty at Naval Academy at Annapolis.

Commissioned as Assistant Surgeons from June 18, 1866, William V. Marmion, from West Virginia, Geo. S. Culbreth, from Delaware, Jerome H. Kidder, from Maryland, Earnest D. Martin, from Pennsylvania, Thos. R. Brown, from Maryland, Adam Traw, from Pennsylvania, Robert A. Whedon, from Michigan, Edward H. Ware, from New York.

Surgeon H. C. Nelson, to temporary duty on receiving-ship "New Hampshire."

MARRIED.

BINKERD—CRISWELL.—May 29th, at the residence of the bride's parents, Aurora, Indiana, by Rev. W. W. Snyder, A. D. Binkery, M. D., late Assistant Surgeon of the 3d U. S. C. Artillery (Heavy), and Miss Sallie E., daughter of R. Criswell, Esq., late of Miller's Eddy, Pa.

CURRAN—HOLLINGSWORTH.—By Rev. George Kennedy, May 28th, S. C. Curran, M. D., of Murphysboro, Ill., and Miss Sarah Hollingsworth, of Franklin, Pa.

DARRAGH—STORM.—June 18th, at St. Peter's Church, Allegheny city, by the Very Reverend T. Mullin, V. G., Hart Darragh, of Sharon, Beaver county, and Miss Leonora, only daughter of Dr. T. D. Storm, of Ebensburg, Cambria county.

FAHNESTOCK—HAMBRIGHT.—June 14, at the residence of the bride's parents, by the Rev. Samuel Laird, Dr. Thomas C. Fahnestock, of Aurora, Ill., and Miss Mary C., daughter of A. F. Hambright, Esq., of Lancaster, Pa.

FISHBURN—BILLIOD.—At Cincinnati, Ohio, June 26th, at the residence of the bride's mother, Dr. Cyrus D. Fishburn and Miss Louise Billiod. (Another sister was married at the same time to Mr. Valentine J. Schiff.)

KERRIGAN—DEVLIN.—In New York, June 21, by Rev. Archbishop McCloskey, assisted by Rev. William Starrs, V. G., Dr Joseph A. Kerrigan and Maggie A., daughter of Daniel Devlin, Esq.

LITTLE—COWDREY.—In Manchester, N. H., June 11, by Rev. Mr. Wallace, Dr. Charles Little and Miss Helen E., only daughter of Harris Cowdrey, all of Acton.

MORTON—SEYMOUR.—In this city, June 28th, 1866 by the Rev. J. Reilly, of the Cathedral, Dr. Tower D. Morton, of Cleveland, Ohio, and Miss Nellie Seymour of this city.

PHILIPS—THROOP.—June 20, in St. Luke's Church, Scranton, Pa., by the Rev. A. A. Marple, Mr. H. B. Phelps, Paymaster D. L. and W. Railroad, and Mary E., only daughter of Dr. B. H Throop, all of Scranton.

THOMAS—BINFORD.—In Crawfordsville, Ind., May 24, 1866, at the residence of the bride's father, by the Rev. James Johnson, Dr. C. L. Thomas and Mattie, only daughter of Samuel Binford, Esq., all of Cincinnati.

VAN BUREN—GROESBECK.—In Chicago, Ill., June 21st, at the Cathedral church, by the Rev. S. B. Duffield, A. Van Buren, Esq., and Miss Harriet W., daughter of Dr. A. Groesbeck, all of that city.

WATSON—McCoy.—In Doylestown, Pa., June 28, by the Rev. B. McGann, Richard Watson, Esq., and Isabella T. McCoy, daughter of Dr. G. R. McCoy, all of Doylestown.

DIED.

BIGHAM.—At Candor, Pa., of a protracted illness, on the — day of March last, Dr. John Agnew Bigham.

BLAISDELL.—In Keesville, New York, May 3, 1866, Jacob Blaisdell, M. D., in the 71st year of his age.

HARRIS.—On the 18th inst., at Pottsville, Pa., Mary Campbell, youngest daughter of the late Dr. Stephen Harris, in the 23d year of her age.

HOYT.—In Athol, Mass., June 24, George Hoyt, M. D., aged 65.

LEITZEL.—May 18th, At Salona, Clinton co., Pa., Emily, wife of Dr. J. B. Leitzel, aged 33 years.

McCLATCHY.—In this city, on the 23d ult., Wellington, only son of Dr. Robert J. and Mary J. McClatchey, aged 2 years, 6 months, and 13 days.

SPENCE.—At Baltimore, June 28, Mrs. Cornelia Spence, wife of Dr. W. A. Spence, of Virginia, and daughter of the late Evan Green, of Columbia, Pa., in the 48th year of her age.

SMITH.—April 1, 1866, at Springfield, Northumberland county, Va., Henry Sothoran Key Smith, son of Dr. James and Nannie O. Smith, aged 1 year and 8 months.

WILLIAMS.—In Fryburg, Clarion county, Pa., June 7th, John B. Williams, M. D., in the 61st year of her age.

ANSWERS TO CORRESPONDENTS.

Dr. J. A., *St. Clairsville, Ohio*.—Aitkin's Science and Practice of Medicine. English edition. 2 vols., Thomas's Pronouncing Medical Dictionary, and U. S. Dispensatory, sent by Express on the 30th ult.

Dr. M. W. H., *West Earl, Pa.*.—A Pessary and Urinal, sent by Express to Lancaster, on the 27th ult.

Dr. R. G. E., *Concord, Del.*.—Chambers's Lectures, and Parrish's Pharmacy, sent by Express on the 30th ult.

Dr. H. H., *Port Jervis, N. Y.*.—Bedford on Diseases of Women sent by express on the 30th ult.

Dr. R. H. L., *Perrine, Pa.*.—Pessary sent by mail on the 26th ult.

Dr. I. H. C., *Lock Haven, Pa.*.—Books sent by Express on the 20th ult.

Dr. O. E., *Ironton, Ohio*.—Braithwaite's Retrospect is published semi-annually, and will not be issued till the middle of July.

METEOROLOGY.

June,	18,	19,	20,	21,	22,	23,	24.
Wind.....	S. W.	S. W.	W.	S. W.	S.	S. W.	S.
Weather.....	Clear.	Cl'd'y.	Clear.	Clear.	Clear.	Clear.	Clear.
Depth Rain.....	1-16						
Thermometer.							
Minimum.....	58°	53°	52°	57°	62°	65°	68°
At 8 A. M.....	75	66	68	72	76	77	81
At 12 M.....	75	68	70	81	82	82	86
At 3 P. M.....	79	66	78	82	84	86	88
Mean.....	71.	63.25	63.50	73.	73.50	77.50	80.75
Barometer.							
At 12 M.....	29.7	30.	30.2	30.2	30.1	30.	30.1

Germantown, Pa.

B. J. LEEDOM.

SUMMER SCHOOL

OF

MEDICINE.

No. 920 Chestnut Street, Philadelphia.

ROBERT BOLLING, M. D., JAS. H. HUTCHINSON, M. D., H. LENOX HODGE, M. D.

EDWARD A. SMITH, M. D., D. MURRAY CHESTON, M. D., HORACE WILLIAMS, M. D.

The Summer School of Medicine will begin its second term on March 1st, 1866, and students may enjoy its privileges without cessation until October.

The regular Course of *Examinations and Lectures* will be given during April, May, June, and September, upon

ANATOMY,

SURGERY,

CHEMISTRY,

PHYSIOLOGY,

OBSTETRICS,

MATERIA MEDICA,

PRACTICE OF MEDICINE.

The subjects will be studied by the aid of Specimens, Manikins, Demonstrations, and Clinical Examinations of Patients.

Students will be given access to the Pennsylvania, Episcopal, and Children's Hospitals. The employment of the Microscope, and the microscopic appearance of the tissues and fluids in health and disease, with the chemical tests and reactions, will also be taught.

FEE, \$50.

SURGERY.

A Course of Lectures on SURGICAL DIAGNOSIS will be delivered by Dr. H. LENOX HODGE, during April, May, June, and September, at the Summer School of Medicine, No. 920 Chestnut Street, Philadelphia.

The history, causes, symptoms, and pathology of Surgical Diseases and Injuries will be carefully studied, and the means of recognizing and treating such disorders distinctly taught.

Instruction will be given in the use of the Microscope, Ophthalmoscope, Otoscope, Laryngoscope, Endoscope, and other specula; in Percussion and Auscultation, and other means now employed for physical examination.

FEE, \$10.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, and in Practical Obstetrics. They will be enabled to examine persons with diseases of the Heart and Lungs, and to attend women in confinement. The class rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Textbooks, etc., will be constantly open for study.

The Winter Course of Examinations will begin with the Lectures at the University of Pennsylvania in October, and will continue till the close of the session.

Fee for Office Students (one year), \$100.

Fee for one Course of Examinations, \$30.

Class Rooms, No. 920 Chestnut St., Philadelphia.

Apply to

H. LENOX HODGE, M. D.,

479—530

N. W. corner Ninth and Walnut Streets.

THE NEW SYDENHAM SOCIETY.

Instituted in 1859 "for the purpose of supplying certain acknowledged deficiencies in the existing means of diffusing medical literature."

Works for the Current Year.

I. Bernutz and Goupil—Clinical Memoirs on Diseases of Women. Vol. I.

II. Hebra on Diseases of the Skin. Vol. I.

III. Griesenger's Manual of Mental Diseases.

IV. The Society's Atlas of Skin Diseases, Fasciculus No. 6
3 beautifully colored plates, 18 by 24 inches, illustrating Eczema, Psoriasis, Syphilitic Psoriasis, Onychia Maligna, etc.

Special advantages are offered to new members, a fresh series of works being commenced with 1866. A Fasciculus of the Atlas will, however, be given each year, and all the previous Fasciculi may be purchased, with or without subscribing for the other works. Few complete sets of the Society's publications (1859—1865) remain unsold; a list of these will be sent on application.

ANNUAL SUBSCRIPTION,

\$5.25 in gold, or its equivalent in currency, entitling the subscriber to a copy of every work published for that year; the duty, etc., on all volumes received being payable by the members.

RICHARD J. DUNGLISON, M. D.,

Honorary Local Secretary,

39 S. Eleventh Street.

488

Philadelphia.

LOCAL ANÆSTHESIA AND ATOMIZATION OF LIQUIDS.

Will be sent by mail when requested, a pamphlet on "Atomization of Liquids," and Thudichum's method of treating Catarrh. By distinguished medical authority, with description of apparatus for these purposes, and for producing Local Anæsthesia by freezing with Rhigolene, as described by Dr. BIGELOW of Boston; or with Ether, as employed by Dr. RICHARDSON of London. Our apparatus for Local Anæsthesia freezes the flesh in from two to ten seconds when used with Rhigolene, and in about one minute with pure Sulphuric Ether.

The following is an extract from a note from Dr. J. H. BIGELOW:

"I have thus far found nothing better for freezing with Rhigolene than the tubes made by you after the pattern I gave you, and which I still use with your other apparatus"

Price of Apparatus for Local Anæsthesia..... \$6 00

Rhigolene, per bottle..... 1 00

Also,

LARYNGOSCOPES.

OPHTHALMOSCOPES,

HYPODERMIC SYRINGES,

and SURGICAL and DENTAL INSTRUMENTS of every description.

CODMAN & SHURTLEFF,

13 & 15 Tremont Street,

488

Boston, Mass.

THE TRUSS AND BANDAGE BUSINESS of the late DR. MCLENACHAN, No. 50 North Seventh Street, will be continued by MRS. MCLENACHAN. MR. G. W. TAYLOR, of more than twenty years' experience in this branch of Mechanical Surgery, and for many years connected with this establishment, will take charge of the Male Department. Ladies will be attended by MRS. MCLENACHAN. Physicians can rely on getting the most approved RADICAL CURE and other TRUSSES, FEMALE SUPPORTERS, SHOULDER BRACES, ELASTIC STOCKINGS, SPINAL APPARATUS for weak and curved spines, and INSTRUMENTS FOR ALL DEFORMITIES. Private entrance for Ladies. 334

REAL ESTATE COLUMN.

FOR SALE.—The residence and good-will of a large practice of a physician, residing in a pleasant town of about 1500 inhabitants, with excellent country practice connected therewith. The property lying on a railroad, is within a few steps of the depot, and within 2½ hours' ride by railway of the cities of New York or Philadelphia. Churches of all denominations, schools, and mechanics, convenient in the place. The property consists of a large commodious stone mansion, with office attached, and all necessary out-buildings, nearly new, and in an excellent state of repair. It is surrounded by a highly intelligent and respectable community. The owner wishes to retire from practice.

Possession given immediately.

Address this office.

488—491

PRACTICAL INSTRUCTION IN THE TREATMENT OF DISEASES OF THE LARYNX, TRACHEA, POSTERIOR NARES, ETC.; WITH THE USE OF THE LARYNGOSCOPE.

The undersigned is prepared to teach LARYNGOSCOPY and RHINOSCOPY to physicians and advanced students.

A well-attended daily clinic affords an admirable opportunity for practical experience in the manipulation of instruments.

TERMS:

In Classes..... \$15 00

Private Tuition..... 40 00

J. SOLIS COHEN, M. D.,

488

1106 Walnut Street.

PARIS EXPOSITION.

Dr. Thomas W. Evans, of Paris, in concurrence with the Geneva International Committee (for the amelioration of the condition of the wounded upon the field of battle) proposes to make a collection of material which may serve to illustrate the surgical and sanitary history of our late war, for the

EXPOSITION UNIVERSELLE,

to be held in Paris in 1867.

I would therefore call the attention of all interested in HOSPITALS,

HOSPITAL TENTS,

HOSPITAL FURNITURE,

AMBULANCES,

MEDICINE WAGONS,

SURGICAL INSTRUMENTS,

or any other military or civil surgical appliance, to a plan which will secure for these articles the best possible exhibition free of any expense to the contributors.

When articles are costly, or of peculiar interest, or are likely to prove of special value in such a collection, a portion of the cost may be assumed by the subscriber, to whom application may be made for additional information, at No. 76 Water Street, New York.

487—492

EDWARD A. CRANE.

THE CONNECTICUT MUTUAL LIFE INSURANCE COMPANY

IS THE LARGEST IN AMERICA.

It has the largest amount insured.

It has the largest surplus.

It has the largest income.

It has the largest business.

It has the lowest average expenses.

It obtains the highest rate of interest on its investments.

(See Massachusetts Insurance Reports.)

It therefore affords Life Insurance at less cost than any other Company

DIVIDEND OF 1866,

(NOW BEING PAID.)

SIXTY PER CENT.

All Policies issued by this Company are either

NON-FORFEITABLE

by their terms, or may be converted into those which are non-forfeitable, at the option of the insured.

WALTER H. TILDEN, Agent,

401 Walnut Street,

Philadelphia.

472—487*

WANTED.—A physician who has had some experience, and is a graduate of one of the best medical colleges, who can furnish the highest testimonials of character, etc., wishes to associate himself with some old physician. Address, Physician, office of the **REPORTER**;
484—

JUST OUT,

PRICE ONE DOLLAR, POST-PAID,

INSTRUCTIONS

IN THE

**PREPARATION, ADMINISTRATION, AND
PROPERTIES OF**

**NITROUS OXIDE,
PROTOXIDE OF NITROGEN, OR
LAUGHING GAS,**

**FOR DENTAL AND SURGICAL PURPOSES,
BY GEO. T. BARKER, D. D. S.,**

Professor of Principles of Dental Surgery and Therapeutics in
the Pennsylvania College of Dental Surgery.

Also a full stock of all the apparatus and material used in
making and administering the Gas, on hand and for sale by the
publishers and subscribers.

Address,

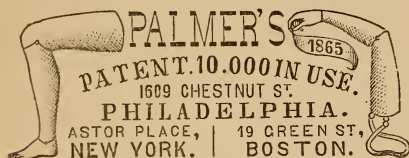
RUBENCAME & STOCKTON,

Dental Depot,

825 Arch Street,

PHILADELPHIA, PA.

483—495



ADDRESS THE INVENTOR,

B. FRANK. PALMER, LL.D.,

PRESIDENT OF THE AMERICAN ARTIFICIAL LIMB COMPANY.

These inventions stand approved as the "best" by the most
eminent Scientific and Surgical Societies of the world, the in-
ventor having been honored with the award of FIFTY GOLD
AND SILVER MEDALS [or "First Prizes"], including the
GREAT MEDALS of the WORLD'S EXHIBITIONS in LON-
DON AND NEW YORK; also the most Honorary Report of
the great SOCIETY OF SURGEONS OF PARIS, giving his
Patents place above the ENGLISH and FRENCH.

Dr. PALMER gives personal attention to the business of his
profession, aided by men of the best qualifications and greatest
experience. He is specially commissioned by the GOVERN-
MENT, and has the patronage of the prominent OFFICERS of
the ARMY and NAVY. SIX MAJOR-GENERALS, and more
than a thousand less distinguished officers and soldiers, have
worn the PALMER LIMBS on active duty, while still greater
numbers of eminent civilians are, by their aid, filling im-
portant positions, and effectually conceal their misfortune.

ADVICE AND PAMPHLETS GRATIS.

To avoid the imposition of COPYISTS, apply only to

Dr. PALMER,

1609 Chestnut street, Philadelphia.

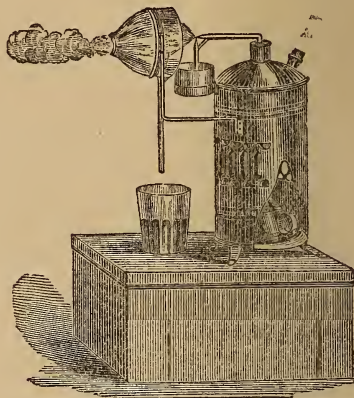
474

**SURGICAL INSTRUMENT MAKER.—LOUIS
V. HELMOLD, No. 135 South TENTH Street (opposite the
Jefferson Medical College), Philadelphia, manufactures and
keeps constantly on hand a general assortment of SURGICAL
INSTRUMENTS, of the finest quality and most approved
pattern.**

173

FEMALE MEDICAL COLLEGE OF PENNSYLVANIA.

The Seventeenth Annual Session of the Female Medical Col-
lege of Pennsylvania will commence on Monday, October 15th,
1866, and continue five months. For further particulars ad-
dress the Secretary, Mrs. E. H. CLEVELAND, M. D., North College
Avenue and 22d Street, Philadelphia. 481—497*



THE NEPHOGENE.

The most compact, complete, and *cheapest* steam apparatus
yet devised for atomizing medicated fluids for inhalation.

Securely packed for transportation in a metallic box, which
also serves for a stand when the instrument is in use, and
obviates the necessity of any additional fixtures. Can be used
with any kind of atomizers.

Sent by express, on receipt of the price, to any part of the
United States and Canada.

Price, \$10. Extra Face Protectors, \$1.00.

Every instrument will be thoroughly tested and warranted
perfect in every respect.

"MASSACHUSETTS GENERAL HOSPITAL,
Boston, June 11, 1866.

WILLIAM READ, M. D.:

Dear Sir—The apparatus for atomizing medicated fluids for
inhalation, arranged under your direction, has been used for
some time in the hospital with entire success. It is perfectly
safe, compact, and easily applied. I take pleasure in saying
that it is the simplest and most convenient atomizer I have ever
yet seen.

Yours very truly,

BENJAMIN S. SHAW, M. D.,

Resident Physician and Superintendent,
Massachusetts General Hospital."

WILLIAM READ, M. D.,

873 Washington Street,
Boston, Mass.

485

DUNGLISON'S MEDICAL DICTIONARY.

New Edition. Price \$6:

Five new Subscribers to the MEDICAL AND SURGICAL REPORTER,
and the amount for a year (\$25), will secure a copy of this val-
uable work. X

**HISTORY OF THE AMERICAN MEDICAL
ASSOCIATION.**—(With Portraits) This splendid and
complete work written by Dr. N. S. DAVIS, contains a complete
history of the American Medical Association, from its organiza-
tion at its meeting at St. Louis, in 1854. It contains splendid
STEEL ENGRAVED PORTRAITS of Drs. JONATHAN KNIGHT, of New
Haven, NATHANIEL CHAPMAN, of Philadelphia, A. H. STEVENS,
of New York, JOHN C. WARREN, of Boston, R. D. MUSSEY, of
Cincinnati, JAMES MOULTRIE, of Charleston, B. R. WELFORD, of
Richmond, C. A. POPE, of St. Louis, and N. S. DAVIS, of Chicago.
For sale at this office; Price \$1. X

FLINT'S PRACTICE OF MEDICINE.

Just issued. Price \$6, cloth.

A copy of this new and popular work on the Practice of Medicine will be sent to any one procuring *five new Subscribers* to the MEDICAL AND SURGICAL REPORTER, and sending \$25, the amount of subscription for a year. X

DA COSTA'S MEDICAL DIAGNOSIS.

Second Edition. In Press. Price \$5.

For four new Subscribers to the MEDICAL AND SURGICAL REPORTER, and the money for a year (\$20), a copy of this original and popular American work, which has been thoroughly revised, with the addition of much new matter, will be sent. X

SURGEONS OF NEW YORK.

Price \$1.25.

A copy of this work, just issued, containing Biographical Sketches of fifteen Living Surgeons of New York, also a sketch with a fine steel portrait of the late Dr. VALENTINE MOTT, will be sent for one new Subscriber to the MEDICAL AND SURGICAL REPORTER, and \$5. X

PROLACTEA!

A NEW MEDICO-SCIENTIFIC FOOD. ANALOGOUS TO BREAST MILK.

Either to be given in conjunction with the Breast, as a relief to the Mother in case of defective lactation, or for the

SOLE REARING OF INFANTS BY HAND.

The PROLACTEA, when prepared according to the directions, will produce a food for infants similar in appearance and taste, and in chemical composition, to healthy human breast-milk. It may be given alternately with the mother's milk, or, when circumstances require, it may be used as the sole food until the child is weaned or has arrived at an age requiring a stronger diet.

Prepared with the utmost care, under the immediate supervision of the proprietor,
W. H. PEABODY,

Chemist and Pharmacist,
Buffalo, N. Y.

I have assisted Mr. Peabody in perfecting this Substitute for the Natural Food of Infants. A similar preparation was used in my own family, some years since, and was designed to render the milk of the cow more like human milk in its composition and properties. I think this the best thing which has been devised for this purpose, and as such, I cordially recommend its use whenever such substitutes become necessary.

GEORGE HADLEY, M. D.,

432-5* *Prof. of Chemistry in the Buffalo Medical College.*

STRUMATIC SALT,

From Mineral Springs, containing
IODINE AND BROMINE,

MANUFACTURED BY THE

PENNSYLVANIA SALT MANUFACTURING
COMPANY.

We would bring to the notice of physicians the virtues of
STRUMATIC SALT,
in the treatment of Scrofula and other kindred diseases.

It contains a considerable amount of Iodides and Bromides—combined with other salts—such as Chloride of Magnesium, Iron, Potassium, Sodium, and used in the form of baths, becomes a very acceptable substitute in diseases where their internal use is contra-indicated.

The Salt is prepared from the menstium of Salt-wells of the Pennsylvania Salt Manufacturing Co., and every attention has been given to their purity.

The application of Strumatic Salt Baths is especially to be suggested in enlarged glands, and in that depraved condition of blood in which an alterative and tonic treatment is so much needed; in Rheumatism, it is especially adapted, in tertiary syphilis, cutaneous diseases, and diseases of the bony structure. Depot for the sale of the Strumatic Salt, at

For sale by
453-504

H. CRAMER,
320 Race street, Philadelphia.

FOR SALE.

"Appareil Volta-Paradique of M. Duchenne de Bologne." It is in perfect order with the exception of the "pieces de drap," which requires to be renewed. Cost \$142.50; will be sold for \$100.00. (Directions for use.)

Also, one large Ophthalmoscope of "Liebreich for Class Demonstration." Price \$70. Cost \$50.

One Cooper's Eye Douch. See "Walton," p. 14, English Edition. Price \$10. Cost \$18.

A collection of rare Drugs and Chemicals, about 700, for office students, with catalogue. Price \$34, or 12½ cents each.

452 Lf.—X

Apply at this office.

NEW ENGLAND

MUTUAL LIFE INSURANCE COMPANY.

Established 1843.

Assets, December 1st, 1864,.....	\$2,926,254
Losses paid during the year,.....	243,750
Losses unpaid,.....	36,450
Dividends unpaid,.....	184,626
Premiums, cash,.....	\$440,525 14
Premiums, notes,.....	318,607 44

Interest received from investments,.....	759,139
Premiums returned,.....	221,942
Expenses of every kind,.....	64,203
	88,732

This, the oldest purely Mutual Life Insurance Company in the United States, has been uniformly successful, always making large and regular returns in cash to all policy-holders. Last cash dividend THIRTY-NINE PER CENT. It is strictly an institution for mutual protection, entirely beneficent in all its workings and tendencies.

The Insurance Commissioners state its surplus (\$850,000) over liabilities are proportionately GREATER, while its expenses are proportionately LESS than any other Company.

Economy, caution in its risks, and prudent investments, characterize this Company. Being purely mutual, it insures at the lowest possible rates, and if the premiums paid exceed the actual cost, the surplus is returned.

Every fifth year, when the dividends are declared, the business is, as it were, closed, so that its real condition and solvency are made manifest, and the surplus funds are then divided *pro rata* among all the insured, thus guarding against any possible loss from mismanagement, and providing a guarantee for the future.

Parties at a distance may insure from blanks, which will be forwarded free of expense.

Documents showing the benefits of Life Insurance, with the advantages of the Mutual Plan, and the superior position and marked success of this Company, and explaining the different kinds of Policies, with their methods of payment, may be obtained, free of expense, upon application, either personally, or by mail, to

DIRECTORS.

CHARLES P. CURTIS,
THOMAS A. DEXTER,
M. P. WILDER,
SEWELL THAYER,
CHARLES HUBBARD,

W. B. REYNOLDS,
GEORGE H. FOLGER,
F. C. LOWELL,
JAMES S. AMORY,
HOMER BARTLETT.

B. F. STEVENS, President.
JOSEPH M. GIBBENS, Secretary.

Examinations daily at 1 o'clock.

W. D. STROUD, M. D., Medical Examiner.

WILLIAM GETTY, Agent,
No. 425 Chestnut Street, Philadelphia.
446-471*

WILLIAM ELLIS & CO., WHOLESALE DRUGGISTS,

(At the old stand of Charles Ellis & Co.,)

No. 722 AND 724 MARKET STREET,
LABORATORY.—Nos. 10 AND 12 SHOEMAKER ST.,
PHILADELPHIA,

OFFER FOR SALE TO

PHYSICIANS AND OTHERS,

A general assortment of

PURE DRUGS and MEDICINES.

Orders from abroad will receive prompt attention.

457-469

MICROSCOPES

Varying in Price from \$20 to \$400.

Microscopic objects of the following subjects in great variety : Anatomical preparations injected and mounted, both wet and dry. Sections of bone and teeth, Specimens in Natural History, Specimens in Chemistry for the Polariscopes, etc., etc.

Also glass slips, thin glass covers, Canada balsam, marine glue, etc., and for mounting objects, and in fact every thing required by a microscopist, made and for sale by

JAMES W. QUEEN,
924 Chestnut Street,
Philadelphia.

469

Priced and Illustrated Catalogues sent free.

JOHN C. BAKER & CO'S COD LIVER OIL.

The testimony of the ablest professors of medicine, alike unsolicited and unequivocal as to the chemical and medicinal purity of Messrs. JOHN C. BAKER & CO'S COD LIVER OIL, justify the manufacturers in calling to its merits the attention of the medical faculty. The process of its facture involves only the loss of the characteristic unpleasantness of taste in the crude oil. Of its pharmaceutical virtues, not one particle is lost in the process of purification. The manufacturers are supported by Professors JACKSON and LEIDY, of the University of Pennsylvania, Doctors MUTTER, DARRACH, HARLOW YARDLEY, KNIGHT, LUDLOW, and many other prominent practitioners, in inviting the faculty everywhere to test and to prescribe this oil in preference to the more than few unreliable brands that are frequently forced upon the market.

The details of the manufacture of BAKER'S COD LIVER OIL are supervised with jealous care. Nothing but the livers of the true Gadus Morrhua are used, and the result is a pure, almost tasteless and inodorous oil, such as the medical practitioner may prescribe with confidence and anticipate enjoyable results. Respectable apothecaries everywhere that medical literature is in circulation usually sell our brand of oil. The trade is supplied from our head-quarters in Philadelphia.

JOHN C. BAKER & CO.,

718 MARKET STREET.

Philadelphia.

444-495*

DR. JEROME KIDDER'S ELECTRICAL DEPOT REMOVED TO 480 BROADWAY, NEW YORK.

Always on hand SUPERIOR ELECTRO-MEDICAL APPARATUS, with new improvements, patented in the United States, England and France.

DR. JEROME KIDDER'S Genuine Six Current Vitalizing ELECTRO-MEDICAL APPARATUS received the *highest premium* at the American Institute, New York; the Franklin Institute Syracuse, and wherever it has been exhibited in competition it has NEARLY DOUBLE THE MAGNETIC POWER of any machine called magnetic. The highest testimonials in favor of this apparatus from Professors Mott, Silliman, Vander Weyde, and other eminent scientific men. Used by the leading practitioners wherever it is known.

Address,

445-487

Dr. JEROME KIDDER,

480 Broadway, New York.

CASH CAPITAL, \$200,000.

THE UNITED STATES ACCIDENT INSURANCE COMPANY,

of Syracuse, New York, insures against
DEATH FROM EVERY CAUSE,

Whether ACCIDENT, CHOLERA, or DISEASE of any kind, with weekly compensation for *DISABILITY* from ACCIDENT.

COMBINED POLICIES FROM ONE TO FIVE YEARS.

ACCIDENT POLICIES FROM ONE MONTH TO TEN YEARS.

NO MEDICAL EXAMINATION REQUIRED FOR
ACCIDENT INSURANCE.

This is the only Company authorized by its Charter to issue COMBINED LIFE AND ACCIDENT POLICIES, uniting the benefits of both Life and Accident Insurance under one policy and premium, at the lowest rates consistent with the soundness of the Company and the security of the Insured.

Rates for Accident Insurance, FIVE DOLLARS for every \$1000, with FIVE DOLLARS weekly compensation.

A deduction of TEN per cent from above rates will be made to Physicians insuring direct at this office from the General Agent.

WILLIAM A. STEPHENS,

General Agent,
501 Chestnut Street,
Philadelphia.

486-537*

VACCINE VIRUS,

FRESH FROM HEALTHY WHITE CHILDREN,

FOR SALE BY

BULLOCK AND CRENSHAW,

Arch and Sixth Street,

PHILADELPHIA.

485-539

Price, \$1.50 per crust.

SURGICAL & ORTHOPÆDICAL INSTRUMENTS, ARTIFICIAL LIMBS, etc.—D. W. KOLBE, 32 and 34 South NINTH Street, next door to the University of Penn'a, Philadelphia, manufactures to order, and keeps constantly on hand a general assortment of SURGICAL INSTRUMENTS, only of the best quality and most approved pattern. Attention is called to his ORTHOPÆDICAL INSTRUMENTS. Many years of indefatigable labor and extensive experience has earned him the patronage of our most eminent surgeons, and the public in general. He does not hesitate to say, that no establishment in this country or abroad has attained to such perfection in this important department. His ARTIFICIAL LIMBS are made in strict accordance with anatomical facts, and their construction is entirely different, lighter, and yet more durable than any others. For further information, address the manufacturer. ARMY AND NAVY HOSPITALS, and the trade in general, supplied on reasonable terms. *Orders by mail promptly filled.*
REFERENCES:—All the eminent surgeons of this city. 337

NOW READY.

BIOGRAPHICAL SKETCHES OF DISTINGUISHED LIVING NEW YORK SURGEONS,

BY

SAMUEL W. FRANCIS, A. M., M. D.,

(Fellow of the New York Academy of Medicine, Author of "Mott's Clinics," "Water, a Philosophical Treatise," "Inside Out," a Psychological Novel, etc., etc.)

Reprinted from the Medical and Surgical Reporter.

One Volume 12mo., containing a beautiful steel engraving of the late Dr. MOTT, together with interesting sketches, anecdotes, and lists of the works and particular operations of Drs. MOTT, VAN BUREN, POST, J. R. WOOD, BATCHELDER, STEPHEN SMITH, etc., etc.

Published by

JOHN BRADBURN,
New York.

Price \$1.25.

For Sale also at this Office.

X

THE MEDICAL AND SURGICAL REPORTER.

No. 489.]

PHILADELPHIA, JULY 14, 1866.

[Vol. XV.—No. 2.]

ORIGINAL DEPARTMENT.

Lectures.

ACUTE BRIGHT'S DISEASE, WITH URÆMIA.

A Clinical Lecture Delivered Before the Class
at Pennsylvania Hospital, April 18th, 1866.

By DR. J. M. DA COSTA.

Reported by Dr. Napheys.

A—, aged twenty-six. Admitted into the hospital on the afternoon of day before yesterday. The history he gave showed an acute attack which came on after exposure at a fire four weeks ago, and was attended with aching pain in the back and frequent micturition. Then he became better until three days before admission, when swelling of the feet and of the abdomen set in without any marked swelling of the face. When admitted he was very weak, and suffering from oppression in breathing, without, however, much pain. He was not at all unconscious; his mind, though dull, was sufficiently clear to give all the information asked of him. He voided water rather frequently, and it was found to contain albumen. He remained in the condition described until after midnight last night.

Twenty grains of Dover's powder were administered to him during yesterday in five grain doses, chiefly as a diaphoretic. Otherwise his treatment consisted in giving him beef tea and milk, and a small amount of stimulus in the form of milk punch.

Examined this morning, rapidly developed coma is found. He has dilated, sluggish pupils. He breathes noisily, the respiration being indeed at times stertorous. So far as can be ascertained, without disturbing the patient too much, there is nothing abnormal about the lungs. Respirations, twenty. The heart shows a faint systolic murmur at the base, and the first sound at the apex is very dull, more so over the left than over the right ventricle. There is considerable distension of the abdomen, which is far from being entirely due to ascites, as there is also a great deal of flatulence. It cannot be ascertained whether he has

any pain over his kidneys, as his stupor is such that no reliable statements can be obtained from him. Until three o'clock yesterday he passed his water freely; since that time it has been drawn with a catheter once, a pint in quantity, high colored, and containing a considerable amount of albumen. Previously, namely, prior to the development of the cerebral symptoms, examined twice, no free blood corpuscles were detected in the urine; but about one-half of the test tube was filled with coagulated albumen after applying heat and nitric acid. There is slight pitting on pressure in the legs, but not in the thighs, and no œdema of the hands. A visible fullness of the veins of the neck is noticed, with a distinct pulsation there, more perceptible on the right side than on the left. The pulse is ninety-six, and rather full. His breath produces no discoloration upon a slide covered with muriatic acid, placed to his mouth. He had taken medicine before he was admitted, and his bowels yesterday were opened three or four times. They have not been moved since. Yesterday morning and twice yesterday afternoon he vomited. He obstinately clenches his teeth, preventing an examination of his tongue. The struggle occasioned by attempting to look at it was followed by slight epistaxis. Reflex movements are good, as shown by tickling the soles of his feet. Pinching is felt, though evidently sensibility is somewhat obtuse, as under severe pinching the expression of his face does not indicate much pain. There is no paralysis of motion; stupor and great restlessness are the most marked symptoms of the disordered innervation.

This man had unquestionably an attack of acute Bright's disease, commencing with a clear history of cold after exposure, attended with fever, prostration, pain in the back, and albuminous urine of rather high specific gravity, 1020 at least. But is his present condition the result of acute Bright's disease the progress of the case? By no means; an accident has happened, to which every case of Bright's disease, whether acute or chronic, is liable, and which may prove fatal, that is the supervention of poisoning by uræmia. Patients do recover from this con-

dition; but taking into consideration the previous low state of this man, that his prostration was such when he came into the hospital that a small amount of stimulus (stimulus being an agent that would otherwise have been contra-indicated) had to be administered, the prognosis is, to say the least, unfavorable.

The evidences of uræmic poisoning here present are coma rapidly developed, and very marked with dilated sluggish pupils, and vomiting without any obvious reason for it.

Coma rapidly developed, not following any fever, not occurring in the course of any disease where there is reason to suspect it, is always a very grave indication, and, in the majority of instances, points to the kidney as the seat of disease. In such cases a careful examination of the urine should always be made.

To the dilated sluggish state of the pupils much importance diagnostically is to be attached, especially when viewed in connection with the previous treatment of the case. It might be said because of the great susceptibility of the system in Bright's disease to the influence of opium, even small doses being followed often by very considerable stupor, that the symptoms this morning are the signs of the opiate administered yesterday in Dover's powders, acting much more strongly than ordinarily, while the sickness of the stomach is due to the ipecacuanha it contained. But the fact that the pupils are not contracted as they would be under the influence of opium, and that the sickness of stomach and vomiting were more marked before the taking of the Dover's powder, entirely exclude such a view.

Vomiting occurring without any obvious cause, and often conjoined with a clean tongue, where there is no reason to suspect gastric disorder, ought to attract attention to the kidneys, for very frequently it is a sign of uræmic disturbance and a diseased state of the kidneys. Not long since, in a case of abscess of the kidney in this hospital, sudden vomiting set in, attended with disordered respiration, when, after watching the patient for a day, the diagnosis was made of uræmia, which the sequel proved to be correct, the man dying of marked uræmic poisoning.

It is interesting to consider the state of the kidney, the meaning of the retention of urine, and the explanation of the phenomena here present.

In cases of uræmia accompanying Bright's disease, there may be retention or suppression of urine. The common belief is that when these grave nervous symptoms arise, there must of necessity be no urine, or but little urine voided. This is

true in a number of cases. Often the quantity of urine is sensibly diminished. Yet sometimes it happens that the quantity of urine continues apparently the same, yet a chemical analysis shows a diminution in its solid constituents; the urea may be absent and the albumen altered in amount. In this patient the specific gravity of the urine drawn this morning is only 1014; whereas the specimen examined yesterday, before the uræmic symptoms showed themselves, contained a larger amount of solids, the specific gravity being at least 1020. That a considerable quantity of urine is passed, is no proof against the non-occurrence of uræmia, for the most important urinary constituents may be retained, and yet the amount of water be the same. In this case the urea is clearly retained, and the uriniferous tubes of the kidney probably clogged with albumen, which is therefore not passed in the amount it was previously.

The urea retained acts as a poison upon the nervous system, physiologists differing as to the manner of its action. Some maintain that it only exerts its tonic influence by virtue of its decomposition, being converted in the blood into carbonate of ammonia, which is the real poisoning agent. This is the opinion of FRERICH'S, who has done much to investigate this subject. In proof of this view he has maintained that a slide dipped in muriatic acid, placed before the mouth of a patient laboring under uræmia, will become coated with the white chloride of ammonium formed. In this case the experiment was negative in its result, as it has also been with other observers. Urea has been injected pure into the blood of dogs, and at once produced poisonous effects. The statement, then, that urea must necessarily be converted into carbonate of ammonia before it acts as a poison, is, at least, too absolute; although the conversion may occur in some cases, it does not seem to be necessary to the production of uræmic symptoms.

The question now arises, what can be done to bring about again a healthy state of blood in this patient, to lessen his coma, and to cause the kidneys to secrete normally?

In the first place purgatives are of immense advantage. In a case of repeated uræmic poisoning attending Bright's disease, occurring not a year since, in which there were at least six or eight attacks, the most marked amelioration was often produced by free purgation; the vomiting, the drowsiness, and the dilatation of the pupils ceasing as a free action of the bowels was obtained. In every instance cathartics must be resorted to. The attempt was made to give to this

patient two drachms of compound jalap powder, but it was not successful because of his clenching his teeth obstinately. Two drachms of tincture of jalap was then administered as an enema. If this does not act shortly, a large enema of castor oil, vinegar, and warm water, made into an emulsion by the white of an egg or by mucilage, will be given. The vinegar is added to relieve the tympanitic distension. The state of the kidneys does not admit of the use of turpentine.

Without definitely accepting or rejecting any theory as to the manner of its tonic action, it is certain that the urea should be kept from decomposing, as it may do. The blood and kidneys should be both acted upon. For the former purpose the mineral acids will be found available. Sulphuric acid is often of signal benefit, as are also muriatic and nitro-muriatic acids. As, however, the object is not simply to act on the blood, but also to unload the kidneys, remove the clogging of the tubes with albumen—the immediate mechanical cause of the disturbance—benzoic acid is preferable, as it has the advantage of being a diuretic. A mixture consisting of benzoic acid, gr. xv; borax, gr. x; sweet spirits of nitre, f. ʒj, and simple syrup, f. ʒj, was ordered to be given in water every second hour for the present.

If the patient convalesce sufficiently to ask for drinks, it will be only adding to the treatment to allow him lemonade made with citric acid, lemons, or aromatic sulphuric acid.

April 21st. Unfortunately, the prognosis of this case made at the last clinic, turned out correct. The symptoms proved perfectly unyielding, and the patient died at 12½ o'clock this morning.

Besides the treatment by purgatives, benzoic acid with sweet spirits of nitre, sponging with vinegar and water, injections of vinegar and castor oil, and if he could not be made to swallow, injections of beef-tea and egg as nourishment, decided upon last Wednesday, blood was directed to be taken locally from over the kidney, as it was learned he had complained of pain in the region of the kidney even prior to the development of coma. Five ounces of blood were taken by cups from over both kidneys, and as many dry cups placed in that position as were admissible.

It was found to be utterly impossible to keep up any sustained treatment by the mouth, as he was so restless, and clenched his teeth so firmly. A certain amount of benzoic acid was, however, given to him in that way, about ten grains at a dose, thirty grains in the first twenty-four hours, less afterward, and more again in the last eight hours prior to his death. Then arose the question,

whether, with this difficulty of getting him to swallow anything, it would be advisable to use the remedy as an injection. But it was preferred to keep the rectum so far as it could be kept so, as a means of nourishing him rather than of giving him medicines. His bowels proved very obstinate. He had, in consequence of the administration of croton oil by the mouth, four passages since Wednesday, which were small and watery. The sponging has been fairly kept up.

Finding still the great restlessness, and perfectly despairing of being able to give him medicine in sufficient quantity by the mouth or rectum to make an impression, in the afternoon of Thursday, cups were placed at the back of his neck, and seven ounces of blood drawn, and as many dry cups again applied as were admissible. This local bloodletting apparently produced no effect whatever.

The most prominent feature of the symptomatic relations of the case was the intense restlessness, next to it, the fact that he did not utter a single word. He groaned, evidently suffering pain, but not a word did he speak, nor did he show any signs of recognizing his friends who came to see him. Reflex movements, though yesterday a little less distinct, could still be readily excited. There were no convulsions, but there were marked convulsive movements, which became more evident as the case progressed. During the last thirty-six hours, a drawing up of the feet was noticed, dependent upon the contraction of the gastrocnemii muscles, and a constant raising of the arms above his head. Yesterday he was quietly breathing through his mouth, but irregularly and with flapping of the cheeks. Pulse very weak and rapid. The restlessness, to a certain extent, disappeared for five hours before death, but was still excited by the least touch. Pupils remained dilated and sluggish to light.

Has passed no urine naturally since he was before the class; morning and evening it was drawn off by the catheter. From 9 o'clock, on the 19th, until 11 o'clock on the 20th, he passed 280 cubic centimetres; during the next 24 hours, he passed about 90.

The urine was examined microscopically, and found to contain a few casts with epithelium, and a few blood-corpuscles not in casts, but free in the urine. An attempt was made to ascertain chemically the amount of urea, but not by the most accurate process, LIEBIG's test solution, as those test solutions in the hospital were not correct, and there was not time to prepare them. The method of GOLDING BIRD was resorted to, which consists chiefly in the addition of nitric

acid, filtering, and weighing the nitrate of urea thus obtained. The total amount, in twenty-four hours, of nitrate of urea in the urine of this patient was 34.56 grs. Only an approximate calculation of the amount of urea natural to the man in a state of health is possible, as no examination was made prior to the uræmic poisoning. But when it is considered that the amount of urea in the urine of health (which does not vary greatly in BRIGHT'S disease, if the kidneys are performing their function) is supposed to be, at the least estimate, 286 grains, and the calculation has been made of 420 to 542 grains. The great variation from the normal standard is apparent.

The albumen persisted throughout. In one specimen examined it was very copious. But during the last twenty-four hours, when only ninety cubic centimetres were passed, the urine contained very little, as compared with the previous twenty-four hours. There was, with the decrease of urea, a decrease of the quantity of albumen, showing that the kidneys were not secreting either albumen or salts in the proper amount.

It is necessary, in concluding the statement of the symptoms, to remark that it has been ascertained the man was very intemperate in his habits, a spirit drinker to a large extent.

Post Mortem Appearances.

Four quarts of fluid were found in the belly after death. There was nothing noticeable about the state of the abdominal veins. They were but very slightly distended, not more so on one side than the other. Nothing peculiar in the condition of the abdominal walls or peritoneum. A clear, serous, yellowish fluid came from the peritoneal sac.

The liver presents a very fine specimen of cirrhosis in the earlier stages.

The spleen is enlarged, but not materially so. It is soft, readily broken down, and the capsule slightly thickened on the outer surface, but it is not more vascular than it should be, and in truth, save its size, shows very little that is abnormal.

The pancreas was unusually large, though healthy.

The bladder was very much contracted.

The intestines were healthy in appearance, but greatly distended with flatus, thus explaining the marked tympanitic sound, upon percussion during life, at the upper portion of the abdomen, while at the lower there was the dull sound of the fluid.

The kidneys are about one-third larger than the normal size. On cutting them, they disclosed a splendid and typical specimen of BRIGHT'S kidney in the earlier stages, presenting a transition

between the most acute form and the large white kidney of chronic disease, into which it would have inevitably passed. The cortical substance is enlarged, and encroaches upon, and in one kidney has atrophied in some places, the tubular portion. It is vascular, the reddish masses contracting with the lymph or commencing fatty degeneration.

The lungs are highly congested, but not diseased. They are œdematous, but not consolidated. This is more marked posteriorly than anteriorly, of which the signs during life were feeble respiration and slightly impaired resonance. Anteriorly, though there is considerable œdema, there is less congestion.

The right ventricle of the heart is thin, the left increased in size, evidently hypertrophied. No clots were found. During life, the note was made, that there were no murmurs in the heart, but that the sounds were unequal, sharp over the right, and dull over the left ventricle, which observation is confirmed and explained by the condition of the two sides.

The examination of the brain and spinal cord was not practicable. There would not probably have been found any disease there. It is not possible that there was much fluid in the ventricles of the brain, because the rapidity of the pulse was such as to preclude the existence of much cerebral pressure.

Thus in the kidneys alone is found the real reason of this man's death. They were degenerated and refused to act, urea was accumulated in the blood, and its poisonous effects followed.

An Ancient Creature.

At a late sitting of the Paris Academy of Sciences, a letter was received from M. DE BAER, of St. Petersburg, announcing that a mammoth, still covered with its skin and hair, had been discovered in the frozen soil of Arctic Siberia.

This discovery had been made in 1864 by a Samoyede in the environs of Taz Bay, the eastern branch of the Gulf of Obi. The news only reached St. Petersburg toward the end of 1865; but as the bodies of large animals will keep a long while in those regions, if they are not completely uncovered, and as this mammoth was still enclosed in the frozen soil, the Academy of St. Petersburg has, with the aid of the Russian Government, sent M. Schmidt, a distinguished palæontologist, to examine the animal and its position in the locality.

It is hoped M. Schmidt will arrive before the decomposition is too far advanced, and that a correct notion may be obtained of the outer appearance of the animal, and also, from the contents of the stomach, of its natural food. The pre-historical figure of the mammoth drawn on a piece of ivory, found in a cavern of Perigord by M. Lartet, will then admit of verification.

Communications.

VESICO-VAGINAL FISTULA:

Its History and Treatment.

By D. HAYES AGNEW, M. D.,

Demonstrator of Anatomy and Assistant Lecturer on Clinical Surgery in the University of Pennsylvania; one of the Surgeons of the Pennsylvania Hospital; and one of the Surgeons of the Will's Hospital for Diseases of the Eye.

(Continued from page 4.)

Classification.

These fistulæ may occur at any point from the middle of the urethra to the termination above of the anterior wall of the vagina, but practically the classification of SIMS or that of Dr. BOSEMAN, the two differing very little, answers every purpose.

FIRST. *Urethro-vaginal*; the opening being between the urethra and vagina.

SECOND. *In the trigone vesicale*; the opening being situated at the cervix of the bladder.

THIRD. *At the bas-fond*; the opening involving the inferior fundus of the bladder.

FOURTH. *Vesico-utero-vaginal*; where the opening communicates with the bladder, vagina, and cervix, or body of the uterus.

FIFTH. Fortunately quite rare where the entire vesico-vaginal wall is destroyed, and it may be the urethro-vaginal also.

The relative frequency of these varieties, as they have come under my own notice, is as follows: First, at the vesical triangle; second, at the bas-fond; third, in the urethro-vaginal septum; fourth, the utero-vesical; and last, the one attended with a destruction which includes the first four classes. This, I think, accords with the experience of most observers. Dr. BOSEMAN, I believe, states, according to his observation, the vesico-utero-vaginal is the most common. I have never but in a single instance seen an example of this kind.

Direction.

These fistulæ may be transverse, oblique, or longitudinal; determined, it may be presumed, in a great degree by the particular part of the foetal head impinging, or the exact manner in which the vaginal parietes may be caught. The transverse variety has most frequently come under my own notice.

Form, Size, and Condition.

The configuration or form of such openings may be oval, round, linear, angular, and elliptical; the last most common. A careful study of the muscular component of the vagina will explain this. Its fasciculi are disposed longitudinally and circular; the former the most numerous and dis-

tingent; and of these, those on the lateral parietes are so associated with the levatores ani that they contract less when divided than those occupying an intermediate position, and hence the ovoid or elliptical form of most fistula. The dimensions of the opening also vary from an aperture so small as barely to admit the introduction of an ordinary probe, to one through which might be passed a good-sized egg. So far as the patient's comfort is concerned, the small opening is quite as bad as the large one; in either case the urine will be constantly passing the vagina.

The condition of the borders of the fistula—like its size and form—differ much. Sometimes they are, especially the upper one, thin, inverted, quite pale and smooth; in other instances thick, soft, spongy and vascular; and again of almost cartilagenous consistence, inextensible and sparsely supplied with blood vessels. The mucous membrane of the bladder often projects through the opening, forming a red, erectile-looking tumor. Dr. GROSS gives a remarkable case—in his work on the urinary organs—of the entire bladder escaping through such a fistulous orifice into the vagina. The condition of the edges as to thickness, density, and vascularity, is a matter of great practical moment in the cure of disease.

Diagnosis.

It is not usually a difficult matter to ascertain the existence of this affection. If inquiry be made as to the state of the bladder immediately succeeding the labor, the patient or her attendant will state that for two or three days there was an inability to evacuate its contents, with some pain or uneasiness, requiring perhaps the use of the catheter; after this a stercoridum of urine through the urethra; or this last condition may have been present from the first. At some period, however, varying from five to twenty days from the labour, the incontinence is complete, the urine escaping entirely from the vagina. The patient sometimes describes this state as being preceded by a sense of something giving away. The labiæ, inner surface of the thighs, perinæum, and the buttocks being constantly bathed in the secretion become red, inflamed and covered with a crop of pustules, which sometimes form ulcers of considerable depth. The genitalia and surface of the vagina frequently become encrusted with a saline deposition (urates), and a strong urinous odor is emitted from her person and clothing. These may be regarded as the rational signs of the disease. Although they do not in themselves establish or justify the conclusion that a fistulæ exists, they form a strong presumptive proof of the fact. Only upon a physical exploration of the parts

can we ascertain with certainty the accident. With this view let the patient be placed in bed, on her side, with the limbs well drawn up, and the hips on the edge of the same, before the window, with a good light. Introduce the duck bill speculum into the vagina, and draw the penneum well back toward the sacrum until the entrance of the air distends the vaginal cavity. If the lesion exists it will most likely be at once detected, unless it should be so small as to escape observation. That it be not thus overlooked, a pocket-case probe should be introduced into any suspicious pockets or depressions, and moved carefully about until their nature and extent are determined. Where the aperture is so small as not to be readily found, it has been advised to inject through the urethra into the bladder some colored liquid, distending its walls, and carefully noting if any can be discovered passing into the vagina. Some prefer having the patient on her elbows and knees, others on the back in making the examination, but the one on the side answers every end, and is more in consonance with her feelings of modesty and propriety. With the aid of the speculum no doubt need exist; without it no examination is complete. I have been called to cases said to be vagino-vesical fistulae, but which on ocular inspection proved to be incontinence from defect in the muscular endowments of the vesical cervix allowing the urine to find its way back into the vagina after escaping passively from the urethra.

Complications.

Under this head may be enumerated stricture of the vagina, recto-vaginal fistula, obliteration of the urethra, and malignant disease of the uterus or rectum.

Treatment.

The treatment of vesico-vaginal fistula includes the preparation of the patient, the operation, and subsequent management.

Preparation. No woman can be in the best condition to undergo an operation for her cure, until after the lapse of at least eight or ten weeks from her confinement. I have operated as early as the fifth week, and with complete success, but, nevertheless, do not think so early a date should be fixed as a rule in practice. It requires at least two months before the system has completely recovered from the perturbing influences of the parturient act, and her secretions duly established. The moral and physical suffering induced by the existence of the fistula tend to put the woman out of health. If we find her pale, feeble, with loss of appetite, and harassed by a train of nervous symptoms, it may require several months of preparation; during which time a carefully regu-

lated nutritious diet will be demanded, fresh air, attention to the intestinal and other secretions, conjoined with the use of tonics, such as the preparations of iron or infusions of the bitter vegetable class. It is certain, no one familiar with the treatment of this form of fistula, will be rash enough to subject his patient to the inconvenience of such an operation, before attending to these preliminary measures.

There is no operation in surgery which depends so much for its success on healthy constitutional conditions as the one under consideration, nor must we overlook the local treatment. All inflammation must have subsided, the connective tissue component of the parts must be well matured, and sufficiently dense to withstand the traction of the sutures, the edges of the opening should have considerable thickness and a good supply of bloodvessels. All this will be favored by due attention to cleanliness, injecting tepid or cold water, with the addition of a little palm soap, or a decoction of oak bark into the vagina every day. Should the edges continue pale and thin, they must be subjected to a special treatment, with a view to make them more voluminous. This is best accomplished by making a few shallow incisions parallel to their long diameters, and rubbing into each a little nitrate of silver. The caustic should be used about every third day. In the course of a few weeks, the requisite change will have taken place. The saline matters, which so commonly encrust the margins of the fistula and other parts of the genitalia, producing much uneasiness, may be counteracted by the internal administration of nitro-muriatic acid, as a good tonic. The excoriation due to the urinous stillicidium, is best relieved either by an ointment of the precipitated carbonate of zinc, or by a mixture of the black wash and glycerine. Attention must also be given to her catamenial period, three or four days after its accomplishment being the most fitting time for the operation. If done during the latter half of the month, the irritation of the parts, together with the prolonged etherization, are prone to produce premature menstruation. The day previous to the operation, a gentle cathartic should be administered, after the action of which, one grain and a half of opium, in pill, should be given to quiet all intestinal irritation.

Should the fistula be the result of carcinomatous ulceration, any operation will be futile, as everything tends to a fatal termination. When it co-exists with a recto-vaginal opening, the escape of purulent matter into the vagina will be unfavorable to healing; yet, if the peristaltic

movements can be sufficiently controlled by opium or some of its preparations, there is no reason why the vagino-vesical fistula should not be closed, before undertaking that, between the vagina and intestine.

The complication most commonly met with is stricture of the vagina, and, as the opening is usually above it, nothing can be done for its relief until the dimensions of the canal are properly restored. Three methods may be employed for this purpose. First. Incisions of the stricture through the mucous and submucous tissues, followed by dilatation. Second. A submucous division of the contracted bands, and subsequent dilatation; and third, dilatation alone. Choose which we may, there is a strong tendency in the stricture to return. If incision be selected, the reformed parts have the same vicious tendency to contract, and although this is true of dilatation, it is less so than either of the others, and should be selected as best adapted for our purpose. It is effected by either graduated bougies or sponge tents. I have practised each method, and am confident the last is the most certain and least painful.

[To be continued.]

PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS OF THE TRUNKAL MUSCLES, WITH THE THERAPEUTIC INDICATIONS INVOLVED.

By E. P. BANNING, M. D.,

Of New York.

(Continued from p. 7.)

In a former paper, under the above caption, I endeavored to establish, 1st, that the viscera, like the bones, had but one proper position and mutual bearing, and that any violation of the same, would be followed by corresponding morbid physical and functional results, in the one case as well as in the other.

2d. That the viscera do not occupy in a *depending* condition, from their ligamentous moorings, but in a supported and elevated state, by and through the elastic and energetic abdominal and dorsal walls, the aggregate action of which is *upward*, from the lowest inch of the abdominal contents to the pectoral apex.

3d. That an atrophied or relaxed condition of these trunkal walls, will liberate visceral gravity, and allow of a lineal visceral descent; first, upon the pelvic organs; and second, through them, upon the pelvic nerves, arteries, veins and lymphatics.

4th. That this condition will constitute an actual and practical *dislocation*, which, in propor-

tion to its extent, may induce oedema, weakness, coldness, numbness, neuralgia, and even paralysis of the inferior extremities, which will succumb only to such physical force as will remove the morbid physical status, and so, raise the *blockade* of the helpless commercial channels involved.

I propose now, by the light of general anatomy, common sense, and experience, to examine into the tendency of abdominal and dorsal relaxation upon the pelvic organs and their functions.

And first, let us deliberately examine the respective considerations of the annexed figures.* Figure 1 may be said to represent a model body, as to its outer form and internal relations. It shows that by and through the advancing curve of the dorso-lumbar vertebræ, and a consequent tension of the abdominal muscles, the following results, are produced, viz.,

First, the entire abdominal mass is compacted, as it were, elevated from the pelvic organs, and coerced against the diaphragm, thereby causing largeness and rotundity at the hypochondria and epigastrium, and a firm state and trim form to the lower abdomen. And also, that by this, the oblique, the lower belly of the rectus abdominalis, and the pyramidalis muscles, are compelled to act as a *spring-board*, upon which the viscera strike at each sudden descent in jumping, coughing, laughing, etc.; and also, like a spring-board, to instantly react upon the descending mass, arrest its descent, break its force, restore the visceral status, and so protect the pelvic organs from much permanent or casual abdominal pressure. Second, it has caused the pelvis so to swing upon the femur heads, as to advance the upper sacrum, depress and retreat the pubes, as to render the medial plane of the pelvic cavity comparatively vertical, and the inferior strait correspondingly horizontal, thereby causing the pelvic organs to be very considerably sheltered from superincumbent weight, below and behind the sacral promontory.

But in the condition represented by figure 2, a very different appearance and state of things obtains, both as to the outward form and internal relations, involving most important pathological and therapeutic considerations; for, by and through the fact that in this case, the dorso-lumbar vertebræ have retreated altogether behind the line, between the ankle and ears, the distance between the sternum and pubes has been greatly diminished, the abdominal muscles of necessity flabbied, and the viscera consequently left to become unpacked, to sink from the diaphragm and

* See last weeks number of the REPORTER, p. 5.

seek the pelvis, thereby causing the hypochondria and epigastrium to be narrow and retracted, and the lower abdomen to become unnaturally enlarged, and in all respects, the very converse of that of fig. 1.

Again, this has also philosophically compelled the pelvis to so swing upon the femur heads as to cause the upper sacrum to retreat, and the pubes to elevate and advance, and thereby so reverse the natural order of the pelvic planes and straits, as to render the inferior strait comparatively and most unnaturally vertical, and in the direct line of descending abdominal viscera, and exposing its contents to all the crushing consequences of undue visceral descent.

The bladder under an ordinary mechanical position of the viscera, has an ample privilege of expansion, to the extent of its capacity, without more than a nominal compressive force in opposition. But in the premises it is not so, for in proportion as the abdominal organs settle, they occupy with weighty persistency, space which is the prerogative of the bladder, and must correspondingly embargo freedom in the expansion of that organ; and in the ratio of this fact, must the bladder insist upon its frequent evacuation, and if the visceral descent be extreme, the result may amount to an almost total non-retention; and, not only may this morbid condition affect the powers of retention, but by dragging the bladder out of its axis, the urethra may be so seriously crowded, compressed, or irritated, as to obstruct free egress through it, and also produce a constant and distressing ischuria or strangury, with an unsatisfied feeling, as though the patient had not succeeded in evacuating the bladder, even after the evacuation has been complete.

I have often seen the distressing influence of visceral compression of the bladder go so far as to prevent the subject (who was otherwise in perfect health) from attending church, or even from seeing her friends in her own room for years, so constant and mortifying was the urinal stilicidium. This view may also shed light upon the urinary incontinence of children, a malady which all the profession admit has generally mocked the wisest efforts of medicine. I believe I may plainly state that the general results of all regular prescriptions has been very unsatisfactory. Indeed, as a general rule, the patient in usual health calls for no treatment.

This also enables us to understand the not unfrequent phenomena of cramping, stinging, or spasmodic pains (not usually steady) in the exact direction of one or both ureters; the cramping pains in the ureters being often taken for cramp,

colic, peritoneal inflammation, stone in the ureter, etc. The same also sheds light upon isolated or concomitant pains, with weakness in the region of the kidneys, which are always aggravated by much standing, and which steadily resist treatment for renal inflammation, irritation, stone in the kidneys, etc. The simple explanation being literally this, that a depressed condition of the bladder may more or less tense the irritable ureters, and they in their turn tract the kidneys and institute just such a set of functional and sensational derangements as reason might predict would follow, either by themselves alone or in connection with any concomitant disturbances of the urinary system. And lastly, under this head, an enlarged irritable, or schirrus prostate gland, under the above circumstances, is liable to the most serious consequences from undue pressure upon it at a time when anything of the kind must not only tend to increase the organic disease, but also give rise to more or less constant pains, which are usually too distressing to witness.

This view is also strengthened by the known fact, that the sufferings of such patients are always immensely enhanced in point of severity and constancy by the vertical posture. On these several points I close my deductions a priori by affirming that I might illustrate the *actuality* and verity of each of them by a lengthened list of citations under my own observation, but content myself by only one or two on each point from my case book.

Case 1, was a very large lady who had been perseveringly treated for years by a distinguished physician of Brooklyn for chronic inflammation of the bladder, which was much of the time accompanied by complete urinal incontinence. She was totally confined to her room, and invariably experienced an aggravation of her symptoms when in the vertical posture. This case had also sought counsel in Europe with no considerable advantage. On seeing the lady, in consideration of the symptoms in connection with the largeness of the abdomen, and also of the fact that all ordinary treatments had failed, I felt driven to diagnose the case to be in part, at least, one of irritation from visceral pressure, and accordingly prepared a mechanical support, which acted not as a *compress*, but as an elevator of the bowels from the bladder. The result was that an appreciable relief was immediate, and in a few weeks complete, whilst the support was intact, the old symptoms always recurring on its removal. In the course of a year she totally laid it aside without any occurrence of her old trouble.

Case 2, was brought to me by the late lamented

Prof. ISAACS, with precisely the same symptoms which made up case 1, with this difference, viz., that there was an excessive absence of fulness at the hypogastrium, with a great prominence of the pubes, and the incontinence, with tenderness over the bladder, was more extreme. This lady had also made the tour of Europe for help without any appreciable success. As I had no hope in any ordinary treatment, as a dernier resort I applied a support. The application was at first attended with an aggravation of the symptoms, owing to the thinness of the abdominal parietes and consequent pressure on the fundus of the bladder. But on arranging the instrument so as to press only on the inguinal region, and not at all over the bladder, the lady was at first barely able to tolerate the *presence* of the instrument; but in the space of a fortnight, so great was the success, that "she felt it to be her duty to report in person that the success exceeded anything which she had dared to hope."

Case 3. A very corpulent gentleman, aged about 60, was the subject of an almost constant urinal propension, with so much pain and irritation as to cause several physicians to diagnose his case to be one of *gravel* or *stone*. He averred that his case had been exhaustive of medical talent for relief. Thinking it useless to retrace the ground which had been occupied by other gentlemen, and perceiving an evident abdominal weight upon the affected organ, I ordered a support, which exerted a purely upward and backward action. The result was most satisfactory, giving considerable relief from the first. Some years after, he reported that with the support the relief was nearly complete, but every attempt to dispense with it was followed by a recurrence of the old symptoms.

Case 4, was a confirmed case of *schirrus* of the prostate gland, of several years duration. As to symptoms, it is sufficient to say that the case was well marked by constant pain in the organ in all positions, but more particularly in the sitting and vertical posture; also on micturating and defecating.

Being wealthy, he had spent much in travel and treatment, with nothing more than such relief as anodynes could afford; except that the Saratoga water made his urine less irritating to the diseased gland. His form was quite drooped, and he unconsciously carried his hand in a supporting position at that point.

Deeming that there was no prospect from a repetition of any ordinary treatment, I applied a strong support, which elevated the abdomen and braced the lumbar region, which had begun to

suffer sympathetically. The result was good. His appearance improved, and he stated his permanent relief to be very great. Years after, I had the pleasure of meeting him again at the Springs, when he informed me that his support, when tightly worn, continued to be of great relief.

Case 5, was a cultivated young woman of 16, who from infancy had been the subject of a weakness of the sphincter urinæ, which invariably caused nocturnal flow of urine. She had never slept away from home, and inasmuch as she was an only child, almost frantic efforts for relief had been made.

In this case, although there were no external signs of visceral descent, I applied an abdominal support in the slight hope of success, but more to divert the anxiety of the mother and daughter; but soon after, I was informed that the relief was total.

Case 6. A young man of 17, was the counterpart of Case 5, and was successfully treated by the same means, with this difference—that I was forced to attach to the abdominal support a smart curved spring, armed with a flat compress, which exerted a comfortable pressure upon the bulb of the urethra, with a view to awake him in time to rise from his bed; the result of the perineal compress was so complete as to soon remove the necessity for any remedy whatever, and I cannot doubt that in most similar cases, where there is no organic or other primary morbid condition, this perineal compress, added to the abdominal support, will seldom fail to supply the desideratum.

Finally, I take my leave of this department of my subject by the single remark, that it has not been my object to show that mechanical auxiliaries are certainly indicated in all cases apparently like those given above, nor to press my peculiar form of surgico-mechanical supports upon the notice of the profession, but to elicit a more extended investigation of the views embraced in the premises.

—Several meteoric stones fell at Nashville on the 12th, near the railroad depot. They were of a bluish color, and were quite hot when first discovered. Geologists say that nothing similar has been found in any other part of the world. Two specimens have been forwarded East for further examination.

—A sarcophagus from the tomb of the Kings of Israel, a monument of Hebraic art, which some years since was found in the Holy Land, has lately been carried to Jaffa; and was embarked there on the 9th ult. for France, being intended for the museum of the Louvre.

ON THE APPARATUS FOR
NEBULIZATION OF MEDICINAL SUB-
STANCES,

*For Bronchial, Oral, and Posterior Nasal Inha-
lation, as well as for the production of Local
Anæsthesia:*

By EPHRAIM CUTTER, M. D.,

Of Boston, Massachusetts.

It has long been a serious obstacle to the successful administration of medicinal substances by the ordinary methods of inhalation, that the article to be inhaled was not really introduced into the air-passages, and brought into contact with the vascular mucus membrane of the lungs, excepting when the substance used was volatile, as ether, chloroform, etc. Articles dissolved in agents like those named were not apt to ascend in the vapor of the menstruum, and thus their inhalation was impossible, or uncertain, to say the least. For instance, if it was attempted to administer the tincture of hyoscyamus, the patient would get more of the alcohol than of the hyoscyamus. In the employment of the tincture of iodine the case is different; the iodine seems really to rise in the vapor, and to pass with excellent therapeutic effect into the pulmonary mucus membrane. The ordinary methods of inhalation are not to be derided for the use of certain substances, but it must be admitted that the new invention received from Germany is admirably designed to supply the deficiencies of the known methods. Reference is here made to the means employed for the diffusion, in fine spray, of medicinal agents which are volatile or non-volatile, or capable of being dissolved in water, alcohol, ether, chloroform, glycerine, or fixed oils.

Various terms have been used to describe the method. The first known to the writer was that of "nebulization" from "*nebula*," a fog, cloud, or mist. Pulverization, vaporization, and atomization have also been suggested. The latter is obviously improper, as the word *atomis* refers to the ultimate elementary form of bodies—the first possible state or subdivision. In plain English, the process is that of suspending in the air any substance capable of solution in some liquid, in spherical particles so minute that they readily float in the atmosphere, and are capable of being borne as such by inhalation into the ramifications of the air passages, there to impinge on their mucus membrane and exert a topical therapeutic effect. Nebulization differs from vaporization in being a mechanical division, not a chemical diffusion. Several ways are devised for doing this. One is by allowing a small jet of

the medicinal agent in solution to forcibly impinge at an oblique angle upon a smooth metallic or vitreous plane surface. This jet is reflected off in the form of a fine spray, containing the agent in minute globules capable of being inhaled. Another method is by a current of air or steam thrown through a horizontal tube, which at the distant end meets another vertical tube, the lower extremity of which rests in the medicinal liquid. The liquid rises in the tube and is blown off in the jet of air or steam in a state of minute subdivision. This invention has been utilized by the perfumers and by the naval marine.

The former place it in the hands of the ladies for the purpose of diffusing their aromas upon their handkerchiefs and wearing apparel. It does this admirably, and report has it that the common request of the fair sex in fashionable circles, before going out on a walk, is "blow on me." On the iron-clads, I am informed, a patent steam pump without a valve is used, which is made on this principle. In this case the tubes are about three and a half inches in diameter.

A late useful application of this form of instrument has been introduced to experiment by the Russian Admirals, namely—the ignition of the atomized vapor of the spirits of turpentine, resulting in the production of a flame which will melt copper and brass. It is utilized for heating the boilers of steam engines, and a small steam tug has been successfully propelled by a comparatively trifling amount of temperature.

By setting fire to the jet of ether or alcohol which comes from the sibora and platinum instrument (to be described), a blaze may be obtained which will melt glass in two minutes.

Still another method is to partly fill a soft India rubber bag, having a properly arranged orifice, with air and the medicinal agent, and then by compressing the bag to expel both in the form of the desired spray.

Other methods are devised which will not be spoken of here. It is intended to allude to the second method only, the means and method of making the apparatus, with some account of the principles governing the construction.

Nebulization by a current of air, or steam, passing through a tube, the distal extremity of which impinges at a right angle upon another tube. The simplest form of this apparatus is seen in the perfumer's toy. This instrument consists of two glass tubes of about one-fourth of an inch in diameter, about four or five inches in length, and a small brass attacher or holder with two perforated arms. The tubes are open at both ends, are of the same calibre throughout, and

the ends are square. They are inserted through the perforations in the arms in such a manner that the longitudinal axis of the tube is at right angles and exactly at a level with the square end of the other tube. In use, the tube whose extremity is on a level with the longitudinal axis of the other tube, is plunged into cologne, and a current of air is blown from the mouth through the other tube. The cologne rises, and is diffused in the direction of the current upon the desired object.

This same perfumer's toy may be used for the administration of water to a patient's dry and parched mouth, or for the therapeutical application of medicinal agents to the soft palate, uvula, tonsils, and post-pharyngeal wall.

But this division is coarse and spattery, depending entirely upon the nature of the orifices of the two tubes, which are of the same size, viz., one-fourth of an inch in diameter. For medicinal purposes the performer's toy is modified. To procure a fine spray the meeting ends of the tubes are brought down to minute points. The two tubes may be designated as the air tube and the liquid tube, the former intended for the current of air or steam, and the latter for the medicine. The air tube may vary in the simplest form of the instrument from three to six inches, and the liquid tube from one and a half to four inches. The current of air may be derived from the breath, the condensing air pump, or an India rubber bag compressed. It is also derived from a jet of steam. The materials of the apparatus vary. The tubes may be made of hard rubber, glass, or metals (silver, platinum, common tinned iron, copper, etc.) They may be connected by a joint of hard rubber (so that when in disuse they may be packed into smaller compass), by glass, by wood and sealing-wax, by iron wire, by tinned iron, by gutta percha, &c.

It is easy to make this form of instrument with the following materials: A glass tube one-fourth of an inch in diameter and one foot in length; a small bit of wood with plane surface, three-fourths of an inch square and one-fourth of an inch thick; sealing-wax, a fish tail gas light, and a file of moderate fineness. The sealing-wax is melted and put on two adjacent narrow surfaces of the bit of wood so as to cover them well. The glass tube is then melted over the gas flame at a point about four inches from one end. It is then drawn out as shortly as possible to a fine tube, say one-sixteenth of an inch in diameter. It is allowed to cool, then broken off at the narrowest part. If the ends are not square they are made so by the file. The tubes are then warmed by the flame

and melted into the sealing-wax on the bit of wood. They are so adjusted as to have the small end of the liquid tube, which should be the shorter, just against the centre of the small extremity of of the air tube. They are held until the wax is cooled, and then tested. If the adjustment is correct they will be found to work more admirably and easily than any purchased one. If the adjustment is incorrect gently warm the wax until the fixed grip is somewhat, but not entirely relaxed, and then adjust the tubes without removing until right. It is well to have the end of the air tube considerably larger than that of the liquid tube. It is much easier of adjustment, and does not affect the fineness of the nebulization, which depends upon the size of the orifice of the liquid tube.

The writer has also had these tubes made of common tinned iron by a worker in that metal. Two tubes are made conical, one six, and one four inches in length. They are made and look much like the tip of a carpenter's oil filler. They are then connected together by soldering to the edges of a piece of tinned iron, forming one quarter segment of a circle of $\frac{3}{4}$ -inch radius, in such a manner that their small ends impinge upon each other, according to the principles already laid down. They are useful, because cheap, and not liable to be broken by handling. They can be employed for all substances which will not act chemically on the metal.

The principles of the instrument seem to be these:

1. A current of air or steam blowing.
2. On an orifice of another tube, the other end of which is immersed in a liquid.
3. A vacuum is produced, whereby the liquid rises in the tube, and is dispersed in the form of minute globules, making a fine spray in the direction of the distal opening of the air-tube, which, in this instance, is horizontal, so that the spray impinges directly upon the objects placed directly in front.
4. The meeting orifice of the air-tube is to be placed in such a manner that its centre comes directly against the level surface of the liquid tube.
5. The size of the meeting orifices may be equal in diameter, or preferably, that of the air-tube may be larger than that of the liquid tube. It is generally necessary that the orifice of the liquid-tube should be even and square. The size of this orifice determines the character of the spray. If large, the spray is large; if small, the spray is fine. The orifice of the air-tube may be irregular in size, and rough or jagged, without impairing the efficiency of the instrument. This is well to re-

member in its making. When the breath is to be depended upon, it is well to have the orifice of the air-tube quite large. It blows much easier, and is hence less troublesome to the patient.

6. The calibre of the tubes does not affect the rise of the liquid much. It depends solely upon the size of the orifice. A tube of large calibre, with a suitable orifice, will convey fluid evidently as well as a tube with a calibre throughout equal in size to that of the orifice.

7. The length of the liquid-tube affects the flow. It is easier when short.

In the instrument described, the spray is horizontally directed. The patient opens the mouth wide against the spray, and breathes in the vapor.

This apparatus requires the use of a face-shield to protect the parts. This shield is usually made of glass in the form of a speculum, one inch in diameter at one end, and expanded in a funnel at the other end. Dr. OLIVER's modification consists in having the jet thrown into a very ingeniously made bottle, contrived with openings for the inhalation of the vapor diffused within. In LEVIN's work, there is figured a modification which does away with the face-shield. It consists in prolonging the air-tube to a greater length, and in the liquid-tube's running underneath in such a manner that the instrument can be introduced inside the mouth to the back part of the throat.

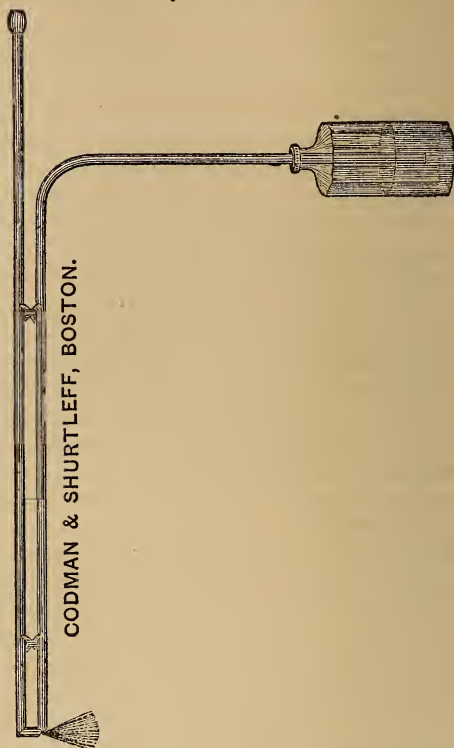
This is a very excellent modification, and has been subsequently invented by Dr. READ, of Boston. It is useful in the cases mentioned above. To make the apparatus more useful, the author contrived another modification, which he certainly is sure was suggested from his own thoughts, but which, he is informed, has been invented elsewhere. This modification consists in bending at a right angle the distal end of the elongated air-tube, so that the direction of the spray proceeds at right angles to the longitudinal axis of the instrument. By this arrangement, the instrument can be projected beyond the tongue, and even beyond the soft palate, so that the spray may be thrown directly into the epiglottis, into the larynx and trachea, and expressly into the wedge-shaped space back of the posterior nares.

The advantages of this instrument, as modified, are as follows:

1. It does away with the face-shield, and does not stain the lineaments.
2. It directs the medicinal agent into the very entrance and doorway of the pulmonary organs.
3. It addresses the remedy directly to the post nasal space, an advantage which is claimed for no other instrument.
4. It leaves nothing to be desired for the pur-

pose of administering medicines by inhalation, with the single exception of addressing the uvula, soft palate, post pharyngeal wall, and tonsils, in which case the direct current is to be used.

Silver and platinum nebulizer, for universal use—freezing, burning, and the administration of medicinal substances by inhalation.



The material of this form of instrument is best and most durably made of silver for the air-tube, and of platinum for the liquid-tube. These materials make an elegant and finished article, capable of lasting for a lifetime.

MESSRS. CODMAN & SHURTLEFF, 13 Tremont Row, Boston, have made the instrument for me, and have the same for sale, of most thorough and creditable workmanship. This firm also furnish, at my suggestion, the same instrument made of glass, connected by wood fastened with cement. They also furnish every appliance in this line.

The same instrument may be home-made, of glass, with a gas-light, sealing-wax, and a file, as follows:

Take a common white glass tube, of about $\frac{1}{4}$ -inch in diameter, and two or three feet in length. At about ten inches from one end, melt the tube over the light, and bend it sharply and shortly at a right angle, and bring it to a point as soon as possible. Then with the file, at this

point make a square opening of about 1-16 inch in diameter. The remaining portion of the glass tube is to be examined, and if the point is not suitably small and square, it is to be made so over the lamp and with file. After this the tube is to be bent on itself to a right angle, at the distance of four or five inches from the small end. It is then to be cut off at a point two and a half inches from the bend, toward the large end. This is the liquid-tube. The two tubes thus prepared are to be put together, and the extremities properly adjusted. Warm both together over the lamp, and then melt the sealing-wax on them, for about one inch's length toward one end, *not melt the wax first, and then apply to the glass tubes*, which would be contrary to the true principle of soldering. Hold the tubes until cool, and test. If properly adjusted, it may act on the first trial. If not, soften the wax by heat, and re-adjust until the desired position is found. The glass should then be heated along the uncovered portions, the wax melted on and allowed to cool, one portion after another. It is not well to heat too much, as the adjustment will then become deranged. The instrument thus made is compact, as the two tubes should touch each other from their points to the bend of the liquid-tube, and if made as directed, are very solidly and smoothly soldered together. It is not inelegant, and is only liable to mechanical injury. It is cheap. The same instrument could be readily made of tinned iron, and soldered together firmly.

[To be continued.]

FIFTEEN CASES OF TRICHINIASIS.

REPORTED BY T. S. BARDWELL M. D.

Of Marion, Linn Co, Iowa, July 3d, 1866.

About the 5th of May, 1866, a family of this place were peculiarly attacked with a remarkable train of symptoms, a brief report of which I propose to make through THE MEDICAL AND SURGICAL REPORTER.

The family were composed as follows, Mr. Bemis aged 72, Mrs. Bemis 57, Henry Bemis 23, Whittier Bemis 20, Mr. and Mrs. Lansing, (son-in-law and daughter of Mr. Bemis) and their four children Willie Lansing, aged 13, Albert Lansing 8, and two twin daughters aged 6.

The primary symptoms were slight nausea and vomiting, with some apparent gastric irritation, followed with diarrhoea and pain in the bowels, accompanied with some febrile excitement. On the 11th, Dr. E. M. SMITH was called to see them, and found the cases with the following symptoms. Tenderness upon pressure over the abdomen, pain in the bowels, tongue covered

with a brownish coating, tip and edges red, pulse ranging from 100 to 120, great thirst, profuse diaphoresis, fever of a typhoid type, oedema of the face, arms, and legs, stiffness of the arms and legs, great pain produced upon extending or contracting the muscles, wakefulness, especially at night, and extreme prostration. Each case presented more or less, all of the above symptoms. Some of them would present one symptom more marked and another less, and *vice versa*. In the cases of Mrs. Bemis, and Henry Bemis, pneumonic symptoms were quite prominent and very distressing, so much so, that the patients had to be propped up in bed, in order to breathe freely.

May 30th, Dr. RISTINE, and myself were called in consultation, and found the patients laboring mainly under the symptoms above enumerated, with perhaps greater prostration, and a decided tendency to anasarca. In one of the Lansing boys, general anasarca was a prominent feature. In fact, there was evidently a dropsical effusion in the cellular tissue of most of the cases, in the latter stage of the disease.

Up to this time the disease had been diagnosed typhoid fever, for the want of a more applicable and appropriate name. Various theories had been adduced, such as animal or vegetable poison, etc., to explain the cause; but after thorough investigation and reference to all the authorities at our command, and in the mean time ascertaining that the family had been eating pretty freely of raw ham, two or three days before they were attacked, (which had not been before revealed,) we were led to the conclusion that they were cases of trichiniasis.

June 1st, Willie Lansing died. A post mortem examination was held. No special lesions of any of the internal organs were discovered. Portions of the rectus femoris, psoas, biceps, and rectus abdominis muscles were obtained, and subjected to microscopic examination, in all of which trichinæ were discovered in large numbers.

Henry Bemis died the 3d, Albert Lansing the 8th, Mr. Bemis the 15th, and Mrs. Bemis the 17th, five out of the nine affected having died. Mr. Lansing, who ate none of the ham raw, was not affected at all. He, however, ate of the same ham well cooked. The remaining four of the family are gradually recovering, they having eaten but little of the raw meat.

It will be seen that those who ate the most freely of the raw ham were the worst cases, and have died, while those who ate but little were slightly affected, and will recover, and Mr. Lansing, who ate none but what was well cooked, was not sick at all. A post mortem examina-

tion of Mr. Bemis was also held, with about the same results as in the case above referred to. No abnormal lesions were found in his case. Portions of different muscles, also of the heart, lungs, kidneys, spleen, liver, and intestines, were obtained, and thoroughly examined under the microscope.

The parasite was found in large numbers in all the muscles, and in the lungs and spleen; none were found in the heart, intestines, kidneys, and liver. Portions of muscle were sent to Drs. ARLEN, INGALLS, and MILLER, of the Rush Medical College, Chicago, Illinois; Dr. AUSTIN FLINT, New York; Dr. ASA HERR, Dubuque, Iowa; and to several other eminent physicians in this State, all of whom, as far as I have been able to hear, found the muscles swarming with trichinæ, the number found in the square cubic inch averaging 200,000. The normal condition of the parasite, at the time we examined the muscle, seemed to be that of dormancy; but a considerable number were seen to move very perceptibly. Some would coil up and uncoil themselves, but very few cysts were discovered. I did not see any myself, but others claim to have discovered some. A piece of the ham the family ate from, could not be procured; but some of the same hog, from which the ham eaten by the family was taken, was previously fed to a favorite sow, for the purpose (as the owner believed) of breaking her from eating her young pigs, which killed the sow, and a portion of her muscle was examined with the microscope, and found full of trichinæ. I will here state that the ham, eaten by the family, was raised by a son of Mr. B., living in the country, and that some of his hogs, last fall, had "hog cholera," and that this one is doubtless one of the hogs that had the cholera at that time, but recovering, was fattened, and butchered with the others. This leads to the conclusion that "hog cholera" and trichiniasis are the same disease.

The treatment throughout the course of the disease was upon general principles. Each symptom was combated with what we considered appropriate remedies, mainly palliative and supportive. No specific remedy was used for the destruction of the parasite, for the very best reason, that we knew of no remedy that in the least promised any benefit after the trichinæ had reached the muscles. I am satisfied that much benefit will accrue, if not a radical cure effected, if the disease is promptly treated, immediately after trichinous meat has been taken into the stomach, with active cathartics and strong toxical anthelmintics. Prompt and active catharsis will doubtless expel many, if not nearly all the parasites,

before the young brood can penetrate the bowels, at any rate, this seems to be the only rational treatment, so far as I have any information on the subject.

Six other cases, twelve miles north of this place, the children of M. C. Jordan, B. F. Jordan, W. Jordan, and widow Daggett, aged 16, 14, 14, 11, 9, 9, on their way home from school, on the 22d of April, stopped at the house of one of the families, and eat hearty of some sandwiches, in which raw ham was used. Two days after they were attacked with pain in the bowels and diarrhœa. Fortunately, cathartic pills were given to all of them, except one, and that one proved to be the worst, and most difficult case. Dr. RISTINE, of this place, was called to see them, and administered remedies according to the indications presented. These cases presented all the symptoms that the Bemis family did, but in a much lighter degree, owing to the fact, that the ham eaten most probably contained a less number of the parasites than the one eaten by the Bemis family, and also to the fact that cathartics were given at an early stage of the attack. These cases, up to the present date, are slowly recovering, and will doubtless all recover. The balance of the hog the children ate from, was eaten by the family, *well cooked*, and none were affected who did not eat the raw meat. A portion of the hog was examined with the microscope and found to contain cysts.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
April 7th, 1866. }

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Syphilis of the Osseous System.

Maria M—, aged thirty-eight. She has not been well for ten years. There are several swellings upon the radius and the collar bone. She suffers also pain in the nose. The pain which is of a dull, heavy, aching character, comes on soon after retiring at night, so soon as she gets warm in bed. She is compelled to pace the floor of the room for relief. The suffering is worse in damp and cold weather. She has had eight children, of whom but two are living, the others having died quite young, one but three days after birth. The patient is evidently affected with syphilitic nodes. She was ordered to take five grains of iodide of sodium, and one-tenth of a grain of bichloride of mercury, three times in the twenty-four hours, in the form of a solution, half an hour after meals, to observe a plain, simple diet, and to avoid taking cold.

The iodide of sodium is preferable to the iodide

of potassium or ammonium. But as, if care is not taken, it will nauseate, it should be given after meals, with water and syrup, or loaf sugar. The iodides of potassium, sodium and ammonium, are not by themselves specifics, capable of eradicating the disease, hence, after long experience, mercury in the form of the bichloride, the most innocent of all its preparations, is combined with them, and its effects carefully watched. Under the use of this combination, in a short time the patient is able to sleep well, and there is a rapid improvement in the general health.

Pilous Sebaceous Tumor.

Miss Anna W—, aged nineteen. She has a sebaceous tumor, of considerable size, situated on the scalp, a short distance above the forehead, which, judging from the history of its being first observed, she says, seventeen years ago, is probably congenital.

An incision having been made for the removal of the tumor, the scalp was found to be very firm and vascular, and the tumor strongly imbedded. The entire cyst was removed only after a tedious dissection. As the contents of the sac very much resembled cerebral substance, the operation was proceeded with cautiously, lest there might be a connection with the brain. An examination of the tumor showed the presence within it of a large amount of hair; another evidence of its congenital origin. There was comparatively little sebaceous matter. The hairs, which were long and unusually numerous, were intercepted during the development of the tumor, and in this way, became a part of its contents.

The twisted suture was used to bring the parts together, two pins being introduced, as the bleeding is better arrested by the pressure of the pins and ligature, than by the interrupted suture.

Necrosis.

Henry C—, aged twenty-five. Amputation of thigh performed, in consequence of gun-shot wound, nearly two years ago. There was no sloughing, the parts healing nicely. But there has been incessant suffering ever since, and sinuses have formed. The probe introduced into one of them, comes in contact, immediately below the surface, on the inside of the stump, with a fragment of dead bone.

The patient was placed under the influence of chloroform, and a piece of bone, one half the circumference of the shaft of the femur, removed. The edges of the sinuses were then pared to place them in a better condition for the formation of granulations.

In all probability, the bone was fractured at the time the man received the wound, and the amputation performed below the seat of injury. The fragment, not having sufficient attachment to preserve its vitality, perished, and by its presence has kept up irritation ever since. The man will now be able to use an artificial limb.

Onychia Maligna.

Jno. K—, ten years of age. The big toe of the right foot has a peculiar bulbous appearance. The surface is red, and the upper part is grooved transversely, as if a portion had been furrowed out by ulcerative action. The nail is destroyed, nothing but a little portion of the root remaining. The pain is severe, especially at night, and when the foot is permitted to hang down for any length of time.

This affection was originally described by Mr. WARDROBE, under the name of onychia maligna. The term malignant is not applicable, although it is frequently destructive to the nail, as well as to a considerable portion of the toe, especially when the case is not properly managed, yet it is always amenable to treatment, particularly when commenced early in the disease. The exciting cause varies in different instances. It is usually supposed to be of scrofulous character, but it is doubtless owing to a syphilitic taint of the system. Indeed, what is called scrofula is probably nothing but a syphilitic cachexia, modified by transmission from one generation to another, by difference of temperament, modes of life and occupation.

The disease begins usually in the skin, by the side of the nail, generally back toward the root. Gradually increasing, it involves the entire nail, root and all, until the nail is necrosed, becoming perfectly black, and the skin gives way by ulcerative action, so that the whole upper surface, formerly covered by the nail, is eventually one mass of disease, which sometimes also extends to both the phalanges. The toe becomes bulbous; the skin is congested; there is great induration from interstitial deposits, and exquisite tenderness, especially at night, after exercise, and during dependency.

The only reliable treatment consists in bringing the system partly under the influence of mercury. This circumstance would seem to give countenance to the view as to its syphilitic character. The mercury should be given to produce slight ptyalism, which should be maintained for ten days or two weeks.

The boy was ordered R. hydrargyri chlor. mitis, gr. xv., pulvis opii, gr. viij., to be divided into thirty pills, and one taken four times a day. So soon as ptyalism shows itself, the medicine will be given less frequently, or withheld altogether. Locally, a foreign leech was directed to be applied to the toe, as the parts are very much engorged, and then a strong solution of acetate of lead and opium to be wrapped about it. He was also told to take every other morning, a little citrate or sulphate of magnesia, to keep the bowels in a soluble condition, and prevent griping from the accumulation of bile, which the calomel will be sure to excite. He should avoid meat, and remain in the house, with the foot elevated.

— In Germany, to 46,000,000 of population, there are 141 lunatic asylums, 92 public and 49 private. These asylums contain 19,550 patients; the private 1727, and the public 17,833. There are 83 directors, 54 physicians in chief, and 124 assistants, to superintend them.

Medical Societies.

NEWARK (N. J.) MEDICAL ASSOCIATION.

(JUNE MEETING.)

Fracture of Skull—Death from Concussion—Stricture of Œsophagus—Death—Choleraic Diarrhœa—Discussion on Uterine Agents.

Fracture of Skull—Death from Concussion.

Dr. LEHLBACH presented the portion of the skull of a man, involving a fracture, which had been produced by a violent blow with a hammer, resulting in instant death. There was, on making the post-mortem examination, a scalp wound on the left side of the head, over the parietal bone, two inches to the left of the median line, and at the apex of an angle formed by two lines, one a little over three inches from the tip of the ear, and the other seven inches from the outer angle of the left eye. On dissecting off the integument the wound was found to implicate the skull. The bone presented an irregularly circular fracture, comminuted, and some of the fragments driven in upon the membranes of the brain. In the centre of the fracture the external and internal plates of the bone had been separated, and on removing the skull an irregular portion of the inner plate, about three-fourths of an inch by one-third of an inch in its cross diameters, was found entirely separated from the skull, and somewhat firmly attached and adherent to the dura mater.

The membranes of the brain and its substance, in an area of nearly two inches in diameter, corresponding to the external injuries, were found highly congested and infiltrated with blood. There was, however, no perforation or laceration of the dura mater. The brain itself was found in a perfectly normal condition. No counter-fracture could be found. Thoracic and abdominal organs healthy. The inference from these appearances was that death was produced by concussion of the brain.

Stricture of the Œsophagus—Death.

Dr. LEHLBACH also presented a portion of the Œsophagus and adjacent parts of a lady forty-two years of age, who had died a few days previously. During the latter part of her illness she had been attended by some "herb doctor," and hence no intelligent account of the symptoms could be obtained, except the facts that she had extremely emaciated during the last few months, and had difficulty of swallowing food, which was generally retained but a few moments and then rejected. Dr. COLES had prescribed for her once or twice casually some two months ago, and diagnosed disease of the pylorus or stomach, or some portion of the upper digestive canal.

The body, on post mortem examination, was found in a state of extreme emaciation. On opening the thorax and abdomen search was made at first for the stomach, which was not immediately recognized on account of its extreme contraction. It presented the shape of an elongated curved tube, at no point measuring over an inch and three-quarters in breadth (from its convex lower to its upper concave border), and empty.

No abnormal deposits or appearances could be found in its substance or at its extremities. The cardiac orifice presented no obstruction. Evidently the organ had become chronically atrophied and contracted from want of use. On tracing the Œsophagus upward, when reaching a point in the line with the second rib, a little below the bifurcation of the trachea, the Œsophagus was found imbedded in and surrounded by hard, roundish, irregular masses, completely obstructing the tube, the internal surface of which presented an ulcerated roughened appearance at the constricted portion. *The constricting masses were mainly enlarged bronchial glands which had undergone tubercular degeneration,* and were filled with calcareous deposits of various degrees of consistency throughout their substance.

It was evident that no food could have passed through the tube for some time; that the contraction of the Œsophagus below the point of constriction and the remarkable shrinking of the stomach, were due simply to want of natural stimulus and action, and that death resulted from starvation.

Choleraic Diarrhœa.

Dr. BALDWIN related the case of a female who had stools resembling rice-water, of a peculiar odor, but not fœcal, occurring at short intervals. The pulse was not abnormal, and there were no signs of collapse. In a few hours, convalescence followed, under the use of small doses of camphor, opium, and chloroform.

Discussion on the Value of Uterine Agents in Labor.

Dr. BALDWIN, in opening the discussion, briefly reviewed the various uterine agents. Stimulants, especially alcoholic drinks, proved often injurious, still they do not absolutely interfere with labor, as it is known to progress in a state of intoxication.

Uterine pains also continue during anæsthesia, but like stimulants, in ordinary cases, anæsthetics are not advisable, particularly chloroform given to produce its full influence.

Opium is of advantage in some cases. The sedative effect is frequently very short, and the pains subsequently powerfully increased.

Venesection, as far as he could recollect, seemed to retard labor.

Cathartics hasten labor, and whenever required, may be employed with advantage.

Cold excites the uterine efforts in a moderate degree. A large draught of cold water, used for this purpose, has the advantage of being harmless.

In cases when the os uteri was rigid, tartar emetic, from its relaxing power, had a good effect. After a short sedative influence, the uterine contractions became stronger, and the duration of labor was shortened by it.

In the full progress of labor, mental influences have but little effect, but if the pains are tardy, the state of the patient's mind is worthy of attention. Fear and despair retard labor, while hope, cheerfulness, and even anger, exert a contrary effect.

Ergot, in some cases in which he had made use of it, produced bad results. Small doses, allow

ing a longer time to elapse during its employment, were best. The contractions were less liable to become uninterrupted, and its good purposes were obtained without unduly exciting the mother or endangering the life of the fetus.

The use of the hand, of the forceps, and the operation of craniotomy, would be considered at a later stage of the discussion.

Dr. HICKEY took exception to some of the remarks of Dr. BALDWIN, as to the action of two of the agents mentioned by him, viz., ergot and opium. Dr. H. had found ergot a most useful agent in obstetrical practice. Notwithstanding that the five-drop doses of the fluid extract had been strongly recommended, he would prefer using the infusion from fresh secale, $\mathfrak{z}\text{j}$. and aquæ bul., $\mathfrak{f}\mathfrak{z}\text{iv}$., given in three doses, at intervals of ten minutes. This preparation he has always found to meet his expectations.

As to the use of opium, it has, by its sedative power, the property of arresting uterine action, and he now remembered two cases where great and unnecessary suffering was brought on by its use. The opium was given in the form of tincture, in doses of $\mathfrak{f}\mathfrak{z}\text{j}$. and $\mathfrak{f}\mathfrak{ss}$., interfering with and arresting uterine action, without a total relief from pain.

Dr. MILLS remarked that the differences of opinion in regard to the efficacy of ergot might be reconciled, if we took in consideration the period of labor in which the article is given. That it is a very powerful and certain parturient, all agree. But if given too early or indiscriminately in labor, before the os uteri is dilated, and the soft parts sufficiently relaxed, nothing but positive harm can result from it.

When the os uteri is not well dilated, the external parts unrelaxed, and especially when there is the least abnormality in the relative proportions of the child and the parturient canal, ergot should be resorted to with extreme caution. Although this is generally taught the student and understood in the profession, yet its importance, he thought, was not sufficiently impressed upon the minds of some practitioners.

Having, perhaps, never seen or experienced in practice any of the injurious or even fatal effects of this powerful agent, they have come to use it frequently and indiscriminately, in many cases simply as a *time-saving* agent. Retention of placenta, convulsions or asphyxia of the child will, sooner or later, certainly occur, to disappoint those who would save time by the use of ergot in this manner.

Ergot is not, as some suppose, confined to a single action, expending its force upon the uterus alone. We know it affects the system, especially that of circulation, else why have we gangrene, spasm, etc., resulting from its use? We know that, in small doses, it does not produce the convulsive evanescent contractions of the uterus which accompany labor, but a slow molecular contraction or toxicity, permanent and prolonged; hence its value in restraining hæmorrhage, in all varieties of which it has been employed—in that of the lungs as well as of the uterus. It enters the circulation, and affects the spinal centre. In large doses, such as are employed when used as a parturient, it seems to be specially

directed to the lower portion of the spinal marrow. In these and smaller doses, may it not also have a general effect, producing contraction of the capillaries generally, or interfering with the circulation in those vessels in some way to arrest the flow of blood through them? In this way we might account for its efficacy in restraining hæmorrhage, as also for the gangrene which has been known to result from its use. Its interference with the circulation between mother and child is abundantly proven. After its use, in several instances, the cord has been found bloodless. Yet the more frequent injury to the child is undoubtedly the result of long-continued pressure exerted by the peculiar continuous contraction of the uterus excited by ergot. While ergot cannot be given indiscriminately as a parturient, restricted to those cases indicating its administration, as in cases of protracted natural labor where the os is dilated, the membranes ruptured, the soft parts relaxed and moist, with no extra-uterine impediment to the passage of the child, and with the head too high for convenient application of the forceps, he deemed it of great value, had never seen any injurious effects follow its use under such circumstances, and believed it ought to be used in preference to the forceps.

In regard to the use of opium as a uterine agent, while he agreed with Dr. Hickey, that it may retard labor for a time, it had invariably, in his hands, indirectly hastened the termination of labor through its sedative effect, allaying nervous irritability, suspending for a time ineffectual and exhausting labor pains, endured perhaps for hours, with no profit or advancement. The woman sleeps quietly, and a recuperated energy is secured to the uterus and to the general system, which rapidly terminates a labor that would otherwise be tedious and prolonged.

Dr. CROSS stated that the only remedial agents which he had ever used with the view of producing an effect upon the uterus during labor, by which he hoped to expedite the process and relieve the patient of unnecessary suffering, were ergot, antimony, ipecacuanha, and opium.

Ergot had certainly disappointed him. In many cases it failed to produce any effect, whether owing to the worthlessness of the preparations or the insusceptibility of some constitutions to its peculiar effects, he was not prepared to say. The preparations which he had most generally used were the infusion of the powder, or the wine, neither of which were uniform in their action.

The specific effect, when attained, he had generally found to be *clonic spasm* of the uterus, thereby causing great suffering to the patient and greatly endangering the life of the infant. He had seen a number of well-developed infants still-born after its use, and others with a feeble respiration, which soon ceased, in spite of all care, or could be kept up only by the assistance of all appliances known to our art. He had witnessed such scenes with an accusing conscience, feeling that if labor had been left to nature, neither the suffering of the mother nor the condition of the child could have been worse. If the hours of labor had been shortened by the use of the drug, the suffering had been proportionally intensified, and if there had been danger to the life of the infant

from lingering labor, the danger had only been condensed into a shorter period. He would assure the gentlemen of the Association that he had given ergot for the last time to expedite parturition, unless the small doses recently recommended by an English writer, operate as advantageously and safely as he has proclaimed them to act. If five to seven grains, repeated at intervals of twenty minutes, until two or three doses have been administered, produce pains *with intervals*, as in natural labor, as stated by him, it may deprive it of its dangerous effects. He had, however, never experimented with these small doses. The danger to the infant he had always attributed to the continued pressure of the uterus upon it, under the influence of the ergotine contractions.

Opium, he believed, in full doses, always had a tendency to suspend the action of the uterus. If given early in labor, it may delay the pains for many hours. But that opium under certain conditions expedites the process, he could confidently assert from repeated observations. We often meet with an irritable condition of the os uteri, where the external or dependent portion is well softened and relaxed, while the internal or superior portion is rigid and unyielding, a condition which seems to be continued and confirmed by the contractions of the body of the uterus, seemingly operating as an irritant, vexing a part unready to yield. A full dose of opium suspends the action for a limited time, the rigid portion of the os relaxes under the suspension of the irritant, and when labor is resumed, offers no further resistance to the progress. Under these circumstances, there is no doubt that opium expedites labor. He remembered several instances where the drug was administered, when he did not so well understand the conditions under which it would suspend labor or expedite it, and when he was followed to his office by a messenger summoning him back to the patient, and returned just in time to find the child born, and himself censured for neglect.

As to the other remedies, antimony and ipecacuanha, he had seen labor assisted by their relaxing effect upon the muscular system. A firm, rigid, undilating os uteri, acting as a breastwork of sufficient strength to resist the attacks of the uterus, he had found to yield and become very pliant under their use. In conclusion, he would state his firm conviction that the forceps could always be used where ergot is administered, and that they are safer to the infant and less painful to the mother; hence, if interference is required, preference should be given to the forceps. As to the other agents which had been mentioned, our only guide in administering them can be to ask ourselves, before administering them, what the nature of the obstruction is with which we have to deal, and what effect our agent will produce upon it.

Dr. O'GORMAN remarked that the subject under discussion was so extensive that he would confine himself in the few observations he would make to those medicinal agents which are generally employed to obviate some defective condition of the uterus at the time of parturition. They may be divided into three classes—those which retard,

those which regulate, and those which excite uterine action.

Opium and its salts, and in fact all narcotic drugs have the property, if given in sufficiently large doses, to weaken, retard, and even arrest the uterine pains. In the first stage of labor, particularly if it be a prolonged first stage, the administration of opium is generally followed by absolute cessation of pain and a sound sleep of several hours duration.

Conjoined with the power of arresting it also, in common with chloroform and other anesthetics, possesses the property (under certain conditions) of regulating uterine action.

This property is particularly manifest when we have to treat what may be designated as an irritable uterus.

Your patient may have been twelve, twenty-four hours, or even for a longer term, suffering under short, frequent, and ineffective pains. The os uteri, on examination, is found but slightly dilated, having a thin, sharp edge. It is even painful to the touch. There is no downward pressure, the uterine contractions being apparently confined to the circular fibres immediately surrounding the os.

Now, a quarter of a grain of morphia will for a time arrest such pains, and when uterine action returns, it will frequently be of such an expulsive character as to effect delivery sooner than we anticipated or perhaps desired.

We now come to those agents which directly excite uterine contractions. The most powerful are cold, galvanism, and ergot of rye. As not having any personal experience with the two first when employed in labor, he would limit himself to a few general observations on ergot of rye. If he remembered rightly, an American physician first discovered its peculiar properties and introduced it to general use. When first introduced many obstetrical writers of eminence denied its power, but the general consent of the profession of the present day assigns to it an active, if not a fatal potency. In his hands it has never been productive of any injurious effect to the mother. Given in full doses, it excites the uterus to remittent pain, or more descriptive still, what Dr. Cross styles "clonic spasm." No longer protected by the liquor amnii, no longer relieved or allowed, as it were, a *breathing* spell by the interval which occurs between regular uterine contractions, the foetus thus subjected to a continuous pressure for one, two, or three hours, is born in a strangulated condition. When we succeed in resuscitating we may thank our good fortune; too often the best directed effort will prove ineffectual.

It has been asserted by some writers that the ergot acts as a poison on the foetus. The poison, in his opinion, is the pressure. He once heard of a student who attempted to take a cast of the entire chest of a patient who labored under a strange physical deformity. As the plaster began to set, so uniform and intense was the pressure, that instead of making a cast he almost made a case of his subject.

Such unfortunate results he had seen directly referable to the action of ergot that he had not for many years prescribed it during the progress of labor.

"Meddlesome midwifery," as old DENMAN said, "is bad," and we must all agree with this emphatic utterance of one of the master minds of our profession. Attend to the condition of the bowels and bladder, sustain the moral and physical energies of our patient, as far as possible, and then we may safely give nature a full and fair trial. Parturition is a *natural* process, and should be left as long as possible to *natural* resources.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

Minutes of 17th Annual Session, held at Wilkesbarre, June 1866.

The Medical Society of the State of Pennsylvania convened at Wilkesbarre, June 13th, 1866, in the Masonic Hall, at 11 o'clock, A. M.

Dr. WILLIAM ANDERSON, of Indiana county, President, in the chair, supported by Vice-Presidents, Drs. N. L. HATFIELD, R. B. MOWRY, and JAMES MCCONAUGHY.

The Treasurer, Dr. W. MAYBURY; the Permanent Secretary, Dr. W. B. ATKINSON; and the Recording Secretaries, Drs. I. NEWTON EVANS and JAMES R. LEWIS, were also present.

Rev. R. H. WILLIAMSON, of Wilkesbarre, opened the meeting with prayer.

Dr. W. F. DENNIS, on behalf of the Committee of Arrangements, welcomed the delegates to the place in the following cordial address:

Mr. President, and Gentlemen of the Medical Society of the State of Pennsylvania:

It was by an odd mischance that the most diffident man in the profession has been chosen, by the Committee of Reception of the Luzerne County Medical Society, to do the honors of this occasion. But gentlemen, I am sure no one could have been selected, who, from the bottom of his heart, can assure you of a more hearty welcome to the classic shades of Wyoming, for himself, and on behalf of the Society he has the honor to represent.

We welcome you, gentlemen, for many reasons. We welcome you as a class of men more self-devoted, more courageous, more humane, more charitable than any other.

All honor to the usual *type* of self-devotion, the Missionary of the Cross, who has the strongest possible motive to impel him to self-devotion to his fellow-man. The love of Christ constraineth him; yours is only the love of suffering man himself. Yet are his trials and fatigues, his dangers and exposures, greater than yours?

It is easy to face the cannon's mouth in the whirl and glory of the shouting charge, with the world to admire its gallantry or to hiss to scorn the lagging coward. Does it require less of the noblest courage to face the hazard of foul contagion to self or the loved ones at home? Is it easier to calmly, quickly, silently, and unnoticed, battle with the "pestilence that walketh in darkness or the destruction that wasteth at noon-day?" Is it more charitable to spend of the surplus accumulations of commerce and trade, or to give your coveted rest, your social pleasures, your brain, your health, and a third of your length of days?

As such, heroes of humanity, we welcome you. As the representatives of that profession which contains in itself more of that learning which tends to ameliorate the condition of man, to find out and apply the principles and laws of nature, to wed more closely the arts and sciences, that bread may be gained with less sweat of the brow by all who will to work, we welcome you. Again, a more *selfish* motive bids us welcome you. We need your help to stay the flood of medical nonsense and knavery which seems to be sweeping over the land as with a besom, with redoubled energy, deluding and destroying the weak, the ignorant, and the foolish.

That your short stay in our valley will not be one of pleasure to you all, shall not be because we do not use all the limited means at our command to make it so. Again we bid you all a hearty welcome to our town.

Dr. URQUHART, on behalf of the Committee of Arrangements, offered the following programme for the sessions of the society, which was adopted:

The society will meet at 3 P. M. and 8 P. M. on Wednesday, and 9 A. M. and 3 P. M. on Thursday. At 4 P. M. on Wednesday a visit will be made to the Baltimore coal mine.

The Committee of Arrangements, acting as a Committee on Credentials, reported the names of the duly accredited delegates, ex officio delegates, and permanent members, from the following counties: Allegheny, Berks, Bradford, Bucks, Carbon, Columbia and Montour, Dauphin, Lehigh, Lancaster, Lycoming, Luzerne, Montgomery, Northampton, Perry, Philadelphia, Schuylkill, Susquehanna.

On motion, the Secretary called the roll of members.

On motion of Dr. MOWRY, of Allegheny, the following resolution was adopted:

Resolved, That the delegates of the Carbon County Medical Society be received, and that the new society be not held responsible for the debts of the old society.

On motion of Dr. I. N. EVANS, the hour of 9 P. M. on Wednesday was set apart for the delivery of a lecture by Dr. J. Solis Cohen, of Philadelphia, on *Laryngoscopy*.

The President, Dr. Wm. ANDERSON, then delivered the annual address.

On motion of Dr. JAS. MCCONAUGHY, a vote of thanks was extended to the President for his able, interesting, and instructive address, with a request that he furnish a copy for publication.

On motion, Drs. J. W. Gibbs, Sr., J. W. Gibbs, Jr., H. Ladd, S. B. Sturdevant, G. Underwood, B. H. Throop, R. A. Squire, Chas. Burr, and W. W. Gibbs, all of the Luzerne County Medical Society, were admitted to seats with the society.

Drs. Geo. Burr and John G. Orton, regularly accredited delegates from the Medical Society of the State of New York, were introduced and invited to seats in the convention, and also to take part in its deliberations and discussions.

Dr. Burr, on behalf of the Commission, gave expression to his sentiments, hoping that the cordial and reciprocal feelings now existing between the two sister societies may still continue to exist

without interruption for many long years to come.

Dr. N. L. Hatfield, of Philadelphia, on behalf of the Medical Society of Pennsylvania, welcomed the delegates, reciprocating the kind expressions of the New York delegation.

Dr. McConaughy offered a preamble and certain resolutions, as a form or basis of a series of resolutions to be submitted to the Legislature of Pennsylvania for the enactment of a law to suppress empiricism, and to protect the community from the baneful results of such practice, which, on motion, were referred to the Committee of Five, who were to report before the close of the sessions.

Dr. Jas. McConaughy, Westmoreland;
Dr. Hiram Corson, Montgomery;
Dr. Traill Green, Northampton;
Dr. Jeremiah Seiler, Dauphin;
Dr. Winthrop Sargent, Philadelphia,
Committee.

On motion, the county societies were requested to present the name of one of their delegation to act on the Committee on Nominations.

On motion, the society adjourned to meet at 3 P. M.

Wednesday, 3 P. M.

The society met according to adjournment. President in the chair.

The minutes of the morning session were read and approved.

The report of the Commissioners—Drs. Shrack, Sargent, and Mayburry—to the Medical Society of the State of New Jersey, was read and referred to the Committee of Publication.

The report of the delegates to the New York State Medical Society, Drs. Treichler and Lewis, was read, and also referred to the Committee of Publication.

On motion of Dr. Horton, a committee of three was appointed to report on unfinished business. Committee—Drs. Horton, Smaltz, Crawford.

Dr. Hiram Corson, of Montgomery county, presented the following communication:

"Whereas, Medical organizations, such as National, State, and County Societies, are believed to be absolutely necessary to preserve the honor of the medical profession, and to keep alive social and fraternal feelings among the members thereof, as well as an important means of promoting medical knowledge and elevating the character of the profession; therefore,

Resolved, That it is with sincere regret that we, the members of the Montgomery County Medical Society of Pennsylvania, learn that some honorable members of the faculties of our medical colleges, in Philadelphia and elsewhere, have kept aloof from the county societies, on which rest both State and National organizations, thus ranging themselves on the side of those whose unprofessional conduct, or low standard of medical attainment, or disregard of medical etiquette, prohibits them from membership in those societies.

Resolved, That, as graduates of the University of Pennsylvania, Jefferson Medical College, and Pennsylvania Medical College, we have a high regard for the teachers of these institutions, and feel that they owe it to the profession, and to our

almae matres, to give their hearty support to medical organizations in general, and especially to County and State medical societies.

Resolved, That although colleges are entitled to representation in the American Medical Association by one or more of their professors, we are decidedly opposed to any college or any other medical organization being represented by a professor who is not a member of a county society.

Resolved, That the Corresponding Secretary of this society be instructed to report these proceedings to the Philadelphia County Medical Society, and that our delegates be charged to lay them before the American Medical Association at the coming meeting, to be held in Baltimore on the 1st day of May next, as well as before the Medical Society of the State of Pennsylvania, at its next meeting, to be held in Kingston, in Luzerne county, on the 13th day of June ensuing.

WILLIAM P. ROBINSON, *President*,
E. SMYER, *Recording Secretary*,
Montgomery County Medical Society,
State of Pennsylvania."

On motion, the resolutions were referred to a committee of three, consisting of Drs. H. Corson, Traill Green, and J. T. Carpenter.

Dr. H. Corson introduced the following preamble and resolution:

"Whereas, At a meeting of this Society, held in Philadelphia, in June, 1860, the following resolution was passed, viz.

"*Resolved*, That it is the sense of this Society that members of the medical profession cannot consistently with sound medical ethics consult or hold professional intercourse with the professors or graduates of female medical colleges as at present constituted, inasmuch as some of the professors are irregular practitioners, and all of their colleges ineligible to membership in the American Medical Association,"

"Therefore, *Resolved*, That the above resolution be and is hereby rescinded."

Dr. Mayburry moved to lay the resolution on the table, which, on a call of the yeas and nays, was decided in the negative.

On motion, the Society adjourned until 8 o'clock. P. M.

8 o'clock, P. M.

President in the chair.

The roll was called.

The minutes of the afternoon session were read and approved.

On motion of Dr. Mayburry, Dr. George Fox was admitted to a seat in the convention.

The Permanent Secretary read the following names, as composing the Nominating Committee:

Allegheny, J. Semple; Berks, D. L. Beaver; Blair, G. W. Smith; Bradford, Geo. F. Horton; Bucks, E. Hellyer; Carbon, R. Leonard; Columbia and Montour, D. W. Montgomery; Dauphin, J. Roebuck; Lancaster, J. M. Dunlap; Lehigh, E. G. Martin; Luzerne, J. R. Lewis; Lycoming, J. S. Crawford; Montgomery, F. B. Poley; Northampton, Traill Green; Perry, Jos. Swartz; Philadelphia, W. Sargent; Schuylkill, J. T. Carpenter; Susquehanna, C. C. Halsey; Westmoreland, Jas. McConaughy.

Dr. H. Corson then called up the resolution

which was being discussed at the close of the afternoon session.

The question was freely discussed in the affirmative by Drs. Traill Green, Allen, Atlee, Corson, and others; in the negative by Drs. Mayburry, Hatfield, and others.

On motion, the yeas and nays were called on the motion to rescind, and were as follows:

AYES—Silas M. Benham, John Semple, T. W. Shaw, W. J. Gilmore, E. P. Allen, Geo. F. Horton, R. Leonard, A. A. Zeigenfuss, J. Seiler, W. Herbst, E. G. Martin, J. S. Crawford, Traill Green, Hiram Corson, W. L. Atlee, Winthrop Sargent, C. C. Halsey, I. Newton Evans, D. L. Beaver, J. A. Laross, F. B. Poley, Wm. B. Atkinson, Wm. Anderson = 23.

NAYS—James King, G. W. Smith, J. M. Gemmill, D. W. Bonebreak, D. W. Montgomery, H. C. Harrison, John Curwen, R. J. Roebuck, J. M. Dunlap, Geo. Urquhart, E. R. Mayer, J. E. Singer, Jos. Swartz, J. H. Case, Jas. Cumiskey, Thos. Hay, A. G. B. Hinkle, J. Solis Cohen, J. H. Smaltz, J. T. Carpenter, Jas. McConaughy, N. L. Hatfield, Jacob F. Treichler, W. L. Richardson, Wm. Mayburry, R. B. Mowry, James R. Lewis = 27.

The time set apart for Dr. Cohen's lecture having arrived, the business of the Society was suspended, and the Doctor delivered a most interesting and instructive lecture on the use of the laryngoscope.

Dr. Mayburry, Treasurer of the Society, presented his report, which was read and referred to an auditing committee, consisting of Drs. James King, J. Curwen, W. L. Atlee.

The chairman of the Committee on Unfinished Business, reported that, after a careful examination of the minutes of last year's session, the only item found was the report of the Committee on Medical Organization of Cumberland county. The report was received and the committee discharged.

Dr. Mowry offered the following resolution, which was seconded.

"Resolved, That the resolution of 1860 (previously discussed) is not intended to prevent the members of this Society from consulting with regularly educated female physicians who observe the Code of Ethics."

Owing to the lateness of the hour and the difficulty in taking the vote, in consequence of so many members being on the floor on other business, the question was not decided.

On motion, the Society adjourned, to meet on Thursday morning, at 9 o'clock.

Thursday, June 14, 9 A. M.

The Society met, according to adjournment.

President in the chair.

The roll was called by the Permanent Secretary.

Minutes of the last evening's session were read and approved.

The sanitary reports of the Montgomery, Westmoreland, Bradford, Berks, Indiana, Northampton, Allegheny, Perry, Schuylkill, Susquehanna, Bucks, Blair, Lehigh, Lycoming, Luzerne, Dauphin, Carbon, and Philadelphia County Medical Societies were presented and referred to the Committee of Publication.

The Auditing Committee, to whom was referred the Treasurer's report, reported that they had examined his vouchers and compared them with his accounts, and found them to be correct.

They also recommend the adoption of the following resolution, which was appended to the Treasurer's report.

"Resolved, That the Treasurer be instructed to cancel all arrearages of county societies which have been due and unpaid for six years or longer."

(Signed) JAMES KING.

H. CORSON.

W. L. ATLEE.

Wilkesbarre, June 14, 1866.

On motion, the report was received and the committee discharged.

On motion, the resolution recommended by the committee, to cancel dues unpaid for six years or longer, was negatived.

The resolution offered by Dr. Mowry, and pending at the close of the evening session, was again called up, and Dr. Mayburry offered the following, which was seconded by Dr. Mowry.

"Resolved, That the resolution offered by Dr. Mowry be referred to the several County Medical Societies with instructions to report thereon at the next meeting of this Society."

This resolution was unanimously adopted.

The committee appointed to draft a petition and form of enactment, to be presented to the State Legislature, on empiricism, etc., reported that, in consequence of the limited time allowed for that purpose, and the importance of the subject, they deem it unwise to present anything for the consideration of this body at this time, and desire (if it be the wish of the Society) to be continued until the next meeting of the Society.

On motion, the committee was continued, with the addition of one member from each county society here represented and not already represented on the committee:

James McConaughy, Westmoreland; H. Corson, Montgomery; T. Green, Northampton; J. Seiler, Dauphin; W. Sargent, Philadelphia.

Additional members of the committee:

J. H. Case, Perry; E. G. Martin, Lehigh; T. Lyon, Lycoming; J. F. Treichler, Schuylkill; T. W. Shaw, Allegheny; D. W. Montgomery, Columbia; R. Leonard, Carbon; J. R. Lewis, Luzerne.

The committee appointed on the resolutions offered by the Montgomery County Medical Society, presented their report, which was adopted.

On motion of Dr. Mayburry, the vote was reconsidered, for the purpose of making some alterations and amendments.

The resolutions were altered and amended to read as follows:

"Whereas, Medical organizations, such as national, state, and county societies, are believed to be absolutely necessary to preserve the honor of the medical profession, and to keep alive social and fraternal feelings among the members thereof, as well as an important means for promoting medical knowledge and elevating the character of the profession; therefore,

"Resolved, That it is with sincere regret that we, the members of the Medical Society of the

State of Pennsylvania, learn that some honorable members of the Faculties of our Medical Colleges in Philadelphia have kept aloof from the county societies, on which rest both State and National organizations, thus ranging themselves on the side of those whose unprofessional conduct or low standard of medical etiquette prohibits them from membership in those societies. Therefore,

"Resolved, That as graduates of the University of Pennsylvania and the Jefferson Medical College, we have a high regard for the teachers of these institutions, and feel that they owe it to the profession and to our *Almæ Matres*, to give their hearty support to medical organization in general, and especially to the County and State medical societies.

"Resolved, That, although colleges and hospitals are entitled to representation in the American Medical Association, by one or more of their number, we are decidedly opposed to any college, hospital, or any other medical organization being represented by a delegate who is not a member of a county society.

"Resolved, That the members of this Society deem it unadvisable to send their students to schools whose teachers do not become members of county societies.

"Resolved, That the Permanent Secretary be instructed to transmit these proceedings to the Faculties of the Medical Departments of the University of Pennsylvania, and of the Jefferson Medical College, and that our delegates to the American Medical Association be requested to present them to that body at its next meeting, to be held on the first Tuesday of May next, at Cincinnati, with instructions to urge an amendment to its constitution, in accordance with these resolutions."

HIRAM CORSON.

TRAILL GREEN.

JOHN T. CARPENTER.

Committee.

On motion, the foregoing resolutions were unanimously adopted.

Dr. Curwen, Superintendent of the State Lunatic Asylum, Pennsylvania, made some interesting statements, and read the following, as unanimously adopted at the meeting of the Association of Medical Superintendents of American Institutions for the Insane, at its meeting in Washington, D. C., in April, 1866.

1. Every State should make ample and suitable provision for all its insane.

2. That insane persons considered curable, and those supposed incurable, should not be provided for in separate establishments.

3. The large States should be divided into geographical districts of such size, that a hospital situated at or near the centre of each district will be practically accessible to all the people living within its boundaries, and available for their benefit in cases of mental disorder.

4. All State, County, and City hospitals for the insane should receive all persons belonging to the vicinage designed to be accommodated by each hospital, who are affected with insanity proper, whatever may be the form or nature of the bodily disease accompanying the mental disorder.

5. All Hospitals for the Insane should be constructed, organized and managed substantially in

accordance with the propositions adopted by the Association in 1851 and 1852, and still in force.

6. The facilities for classification or ward separation possessed by each institution should equal the requirements of the different conditions of the several classes received by such institutions, whether these different conditions are mental or physical in their character.

Dr. Carpenter offered the following resolution, which was unanimously adopted.

"Resolved, That the propositions read by Dr. Curwen, as having been unanimously adopted at the meeting of the "Association of Medical Superintendents of American Institutions for the Insane," held in April, 1866, meet with the cordial endorsement of the Medical Society of the State of Pennsylvania."

Dr. H. Corson offered the following resolution which was unanimously adopted.

"Resolved, That the County Medical Societies be requested to make a careful examination of the condition of the insane in their counties, and report the same to the Representatives of these counties before the next meeting of the Legislature, and also to the annual meeting of the Medical Society, to be held in Pittsburg, in June next."

Dr. Cohen offered the following preamble and resolution.

"Whereas, The investigation of special subjects in medicine and surgery has, within the past few years, developed professional knowledge to an extent unprecedented in the previous history of medicine; and *whereas,* such division of labor is calculated to ensure more precise knowledge of pathology and therapeutics, be it

"Resolved, That the Medical Society of the State of Pennsylvania encourage the study and practice of specialties by properly qualified scientific practitioners."

After much discussion, the resolution was negatived.

Dr. Sargent offered the following resolution:

Resolved, That it is the sense of this society that the surgical and medical history of the war, prepared by the Medical Bureau, would be an invaluable contribution to science, and a great public benefit. We would, therefore, recommend Congress to make the necessary appropriation for its publication. Adopted.

On motion of Dr. Carpenter, it was resolved that a copy of this resolution, endorsed by the State Society, be sent to the Surgeon General U. S. A.

Dr. King, Chairman of Committee on reception and examination of brief papers in rare and interesting cases, reported that but one paper had been received. He moved that the paper submitted by A. J. Davis, of _____ county, which reports an interesting case, be accepted, and submitted to the Committee of Publication. Adopted.

The Committee on Nominations presented the following report, which was unanimously adopted by the society:

President—JAMES KING, Allegheny co.

Vice-Presidents—GEO. URQUHART, Luzerne co.; J. E. SINGER, Perry; JNO. CURWEN, Dauphin; E. P. ALLEN, Bradford.

Corresponding Secretary—WINTHROP SARGENT, Philadelphia co.

Recording Sec'y—JOHN SEMPLE, Allegheny co.

Treasurer—WM. MAYBERRY, Philadelphia co.

Censors, First and Second Districts—D. F. Condie, Philadelphia co.; Traill Green, Northampton; Hiram Corson, Montgomery; Isaac Thomas, Chester; John L. Atlee, Lancaster; O. P. James, Bucks; George F. Horton, Bradford; P. Wiley, Berks; Latham A. Smith, Susquehanna; Theodore C. Yeager, Lehigh.

Third and Fourth Districts—G. W. Smith, Blair co.; R. W. Christy; J. S. Crawford, Lyscoming; James H. Case, Perry.

Fifth and Sixth Districts—S. P. Cummings, Beaver co.; R. B. Mowry, Allegheny; B. C. Jillson; T. C. McCullough, Armstrong; Robert Brown, Westmoreland.

Delegates to the American Medical Association—W. Mayberry, Philadelphia co.; J. T. Carpenter, Schuylkill; Wm. Herbst, Lehigh; E. R. Mayer, Luzerne; D. L. Beaver, Bucks; W. J. Gillmore, Allegheny; J. Seiler, Dauphin; J. M. Gemmill, Blair; J. McConaughy, Westmoreland.

Additional Members of Committee on Publication—Winthrop Sargent, Philadelphia co.; Wm. B. Atkinson, do.; James Cummiskey, do.

Delegates to the Medical Society of New Jersey—J. R. Lewis, Luzerne co.; J. F. Treichler, Schuylkill; James Cummiskey, Philadelphia.

Delegates to the Medical Society of New York—E. P. Allen, Bradford co.; Traill Green, Northampton; E. G. Martin, Lehigh.

Delegates to the Medical Society of Ohio—R. Leonard, Carbon co.; J. T. Carpenter, Schuylkill; Geo. F. Horton, Bradford.

The next place of meeting of the society, Pittsburgh.

Committee of Arrangements and Credentials—R. B. Mowry, A. Fleming, T. J. Gallagher, Allegheny co.; Wm. B. Atkinson, W. Mayberry, Philadelphia co.

On motion, the newly-elected President was conducted to the chair by Drs. Dunlap and Crawford.

The Vice-Presidents were also invited to take their seats upon the platform.

The President on taking the chair addressed the society, thanking them for the honor conferred.

On motion, it was

Resolved, That the thanks of the Medical Society of the State of Pennsylvania be offered to the retiring President and officers of the society for the able, impartial, and judicious manner in which their duties have been performed.

On motion, it was

Resolved, That the thanks of the society be presented to the citizens of Wilkesbarre for their hospitality and attention to the delegates; also, to the Masonic Order for their generosity and kindness in granting the use of their hall.

On motion, it was

Resolved, That the thanks of the society be presented to the Committee of Arrangements and those members of the Luzerne County Medical Society, who assisted to provide such satisfactory accommodations and entertainment for the comfort of the society.

On motion,

Resolved, That the thanks of this society are due to the permanent Secretary for the arduous services rendered by him in behalf of the society and its members.

On motion of Dr. Atkinson, it was

Resolved, That the thanks of this society be presented to the following railroad companies for granting excursion tickets and free return passes over their roads, viz., North Pennsylvania Railroad, Lehigh Valley Railroad, Lackawanna and Bloomsburg Railroad, and Pennsylvania Central Railroad.

On motion, it was

Resolved, That when this society adjourns, it adjourn to meet in Pittsburg on the second Wednesday in June, 1867, at 4 o'clock P. M.

The minutes were read and approved.

The society then adjourned.

J. NEWTON EVANS, Montgomery co.,

J. R. LEWIS, Luzerne co.,

Recording Secretaries.

W. B. ATKINSON,

Permanent Secretary.

EDITORIAL DEPARTMENT.

Periscope.

Ascaris Lumbricoides in the Trachea.

Dr. PHILIP CRAMPTON SMYLY of Dublin, reports in the *Dublin Quarterly Journal* for May the case of a child, a fine, healthy-looking boy, who died from the presence of a lumbricoid worm in the trachea.

When Dr. SMYLY saw the child it was in a state of complete anæsthesia; the eyes were half closed, and beginning to glaze; the respirations were very labored. These symptoms had come on suddenly in the afternoon.

Dr. SMYLY passed his finger between the teeth into the pharynx, when it met a soft spongy mass. On pressing through this the finger distinctly entered the larynx, and he considered that this soft mass was œdema, the steady increase of which had given rise to the steady increase of the symptoms. After a fit of asphyxia, from which the child was recovered only by artificial respiration, laryngotomy was performed. The breathing became much embarrassed when the catheter was removed, though the air passed freely through the tracheal tube. Shortly after the operation the child appeared to be sinking; some brandy and water by the mouth, and some brandy and turpentine by the rectum, revived it again. For some hours it breathed calmly through the tube; convulsions however, set in during the night, the attacks increasing in violence and frequency until about eight o'clock next morning. The intervals then became longer, and the attacks less violent until four o'clock the next morning, when the pulse began to fail and the child died two hours afterwards.

Post mortem examination. When the tongue was drawn down, after detaching the structures from the lower jaw, the pharynx was found filled with a mass of round worms. The parts were

then removed together; and on laying open the œsophagus, so as to see the top of the windpipe, no œdema was discovered, only slight traces of inflammation about the epiglottis and arytenoids. Protruding, however from the glottis, was the head of a round worm. On dividing the trachea down to the bronchial tubes the rest of the worm was brought to view. It lay with its head protruded from the larynx, the tail just below the vocal cords, and its lap resting on the bifurcation.

Surgical Uses of Liquid Glass.

The *Brit. Med. and Surg. Journal* quotes from *Giornale Veneto* and *Bull. de Thérap.* some remarks on the uses of liquid glass. This is a silicate of potash, which is soluble in hot water, but insoluble in cold. It has been used for rendering structures incombustible, for protecting against moisture, etc., and the late Professor SCHUN, of Vienna, employed it in surgery, and made a communication on the subject to the Medical Society of that city. He first used it in a case of arthritis of the elbow-joint. The solution is applied by means of a brush over the ordinary bandages. The advantages which this application is said to possess are the following: 1. It is simple and easy of application. 2. It dries and hardens rapidly, requiring for this purpose only five or six hours. Desiccation may be favored by using a solution evaporated to the consistence of a syrup. 3. It is very solid and impermeable. 4. It is readily removable by means of hot water. 5. It is very economical. Before putting on the bandages, a layer of liquid glass may be applied over the limb. At the Venice General Hospital, Dr. MINICH has used the liquid glass with great advantage, in three cases of coxalgia, in seven cases of fracture, and in three cases of disease of the knee-joint. He has found it to possess superior advantages as regards solidity and durability. Plaster of Paris becomes sooner hardened, but is very heavy in comparison with the silicate of potash.

Reviews and Book Notices.

The Microcosm: A Poem, Read Before the Medical Society of New Jersey at its Centenary Anniversary; with the Address delivered as President, January 24, 1866; by ABRAHAM COLES, M. D. New York: D. APPLETON & Co. 1866. 12mo. Pp. 91. Price, \$1.75.

Welcome to the Muses—all of them—within the temple of Medicine. Was not APOLLO the God of Medicine as well as of Art? Were not GOLDSMITH and AKENSIDE, as well as ARMSTRONG and HOLMES, doctors? Sir HUMPHREY DAVY wrote verses in his youth, and so did our S. G. MORTON and J. K. MITCHELL. Poetry has been defined as “the breath and finer spirit of all knowledge.” If so, it should not, and we believe does not, have any incompatibility with exact science.

Still, there are fewer good poets than good physicians. Of some of the latter who write, we are obliged to think according to the antithesis once applied to a nobleman who aimed at wit: they may be poets among doctors, but they are only doctors among the poets.

But Dr. COLES' poem, if delivered as well as it has been written, must have delighted his auditory on the unusually interesting occasion for which it was prepared. It is an elegant composition; the fruit of much thought, refined feeling, and culture. Were we among its author's patients, we should surely look up to him with more reverence after reading its pages, and without one whit less confidence in his prescriptions. We have no doubt, indeed, that the latter are more complete always than his couplets, as these have sometimes too many feet, and end occasionally with rhymes not official with POPE, CAMPBELL, or BRYANT.

To give our readers a favorable idea of the style of the poem, all of which will repay perusal, we may cite one of its most forcible passages. Its subject (p. 68) is what we would call in prose the waste of tissue:

“Beyond the boundary of our every breath,
Wide yawns the open sepulchre of death;
Parts of our living selves give up the ghost;
Corrupt, corrupting, use and function lost,
Benignant Nature, with victorious force,
Effects deliverance from the loathed corpse
And body of this death. In ceaseless flow
Fun'ral processions of dead atoms go,
Thronging life's ways and outward opening gates,
All unattended, where no mourner waits.
Because the quick have duties, let the dead
Bury their dead, the Lord of life hath said.
No fear that needful ministry or rite
Shall then be wanting when they pass from sight;
Sown on the winds or swallowed of the waves
They shall not fail of hospitable graves.
Dear to terrestrial and celestial powers,
Through every moment of the flying hours;
Earth, careful mother, to her bosom draws
Each reverent particle subject to her laws;
Dust welcomes dust, and all the happy ground
Rejoices that the lost again is found.
Again it forms a portion of the mould
To tread the circle it fulfilled of old.
Again it ministers to the thirsty root,
Mounts to the blossom and matures the fruit;
Eaten again, again it makes a part
Of the thinking brain or feeling heart.”

Other fine lines occur, as in the description of the brain (p. 38), and in that of the ear (p. 57); but on the whole, the poem is somewhat too long. The Messrs. APPLETON have published it in exquisite style. It deserves a place in every physician's library, as one of the *elegantia* of medical literature.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, JULY 14, 1866.

AN INTERNATIONAL MEDICAL CONGRESS.

We have received the following communication, which we translate as literally as possible.

Paris, June 1st, 1866.

To the Editor-in-chief of the
MEDICAL AND SURGICAL REPORTER:

Mr. Editor—An International Medical Congress will assemble in Paris, in 1867, at the occasion of the Universal Exposition. The moment has arrived to inform our brethren of the project itself, and of the steps which have been taken to assure its success. Under these circumstances, we can do no better than to apply for publication in your esteemed journal, and to ask of you the insertion of this note, which we have the honor to address to you.

A Central Committee was formed in Paris, in November last, with the object to prepare the organization of the Congress of 1867, and to respond to the call made by the Congress of Bordeaux.

The members of this Committee are:

MM. E. Barthez, Bécлар, Béhier, Bouchardat, Bouillaud, Broca, Dechambre, Denonvilliers, Folin, Gavaret, Gosselin, Jaccoud, Laségne, Longet, C. Robin, Tardieu, Verneuil, E. Vidal, Würtz.

The Commission organized itself definitely on the 7th of December last, by the appointment of its Bureau, which is constituted as follows:

President—M. BOUILLAUD.

Vice-Presidents—MM. DENONVILLIERS, GAVARET, TARDIEU.

Secretary—M. JACCOUD.

Treasurer—M. E. VIDAL.

This done, we had, before all, to solicit of the Minister of the Interior authorization to realize the project contemplated. This authorization was received on the 20th of March. The Bureau of the Committee has also entered into communication with the Minister of Public Instruction, who, not satisfied with giving his entire approbation to the movement, has allowed us to place it under his high patronage. The Minister of Agriculture and of Commerce has considered the communication which we have had the honor to make to him, with no less favor; and finally, the Minister of Foreign Affairs has deigned to accord his approval, and to promise to

make known and recommend the Congress to the representatives of France in foreign countries.

This, Mr. Editor, is the state of things, and we are sure that these conditions, eminently favorable, are in themselves strong guaranties of success. But besides, the Congress assumes, from its special character, an exceptional importance which must not be misunderstood. Passing, in fact, outside of the limits of nationality, in which medical assemblies have thus far moved, the International Congress of Paris will not be a simple re-union of physicians, but it will be the affirmation of the scientific progress of our age, and the first visible act of that intellectual alliance which unites the workers of all countries.

We know the devotion and zeal of the medical press for the true interests of science, we are assured thereby, that in this important matter its precious help will not be denied.

In its coming meetings, the Committee will elaborate statutes and a programme of the Congress, and as soon as they shall be ready, we will have the honor of communicating them to you.

Please accept, Mr. Editor, our thanks and the assurance of our distinguished consideration.

In the name of the Committee.

BOUILLAUD, *President.*

JACCOUD, *Secretary.*

We have cheerfully complied with the request made by the Bureau, and call the attention of the profession of the United States to the importance which this movement really possesses. There may be some doubts at present, whether, if the war just inaugurated should continue, as in all probability it will, circumstances will permit such a general attendance from other European States as is desirable; but no question will be raised, that if the International Medical Congress does assemble, *the profession of the United States should be represented in it by a full quota of its best and ablest members.* Of course, no decision as to the number of delegates, the mode of their appointment, the means of defraying expenses, can be arrived at, until the Central Committee in Paris shall have furnished statutes and a programme. This, we hope, will be done soon, so that the whole plan will be laid before us in time for deliberate action. If our readers have anything to suggest in regard to this matter, we invite them to communicate with us; and the Central Committee at Paris may be assured of our hearty coöperation in giving publicity to any further communications or plans which they may wish to lay before the profession of the United States.

Notes and Comments.

The N. York Academy of Medicine on Cholera.

Our profession continues to give its earnest attention to the subject of cholera, and the best method of preventing its appearance among us, or staying its ravages. The New York academy of medicine sends us the following Preamble and Resolutions on the subject, passed at a late meeting. We commend them to the attention of our readers as emanating from a body of men whose opinions are worthy of great consideration.

Whereas, The New York Academy of Medicine has endeavored to promote among its own members, and throughout the medical profession, a spirit of exact and practical inquiry into the preventive and remedial treatment of epidemic cholera; therefore, be it

Resolved, That this Academy hereby expresses its confidence in the utility of general and specific hygienic measures as the best means of protection against the pestilential prevalence of cholera in any locality where it makes its appearance; and that the most thorough scavenging, cleansing, and disinfection are absolutely necessary means of averting this pestilence in the cities and populous towns of our country at the present time.

Resolved, That in the judgment of the Academy the medical profession throughout this country should, for all practical purposes, act and advise in accordance with the hypothesis (or the fact) that the cholera diarrhoea and "rice-water discharges" of cholera patients, are capable, in connection with well-known localizing conditions, of propagating the cholera poison; and that rigidly enforced precautions should be taken in every case of cholera to permanently disinfect or destroy those ejected fluids by means of active chemical agents; also, that with the same object in view, the strictest cleanliness of person and premises should be enforced upon all who have charge of the sick; also, that all privies, water-closets, and cesspools should be kept thoroughly under the control of disinfectants.

Resolved, That we regard the nature and causes of cholera infection, so far as the sick or their discharges can propagate it, as being so susceptible of control that there should be no fear or hesitancy in the personal care of the sick and all that pertains to them.

Resolved, That immediate and thorough cleansing and disinfection of all persons, clothing, and things that have been exposed to the discharges of persons of the sick with cholera constitutes the chief end and object of any rational quarantine or external sanitary police regulation against cholera.

Resolved, That, for the purpose here mentioned, an external sanitary police is desirable in all great maritime and river towns, but that such sanitary regulations need not seriously embarrass commercial intercourse and the interests of trade.

Resolved, That the main source of protection against epidemic cholera at the present time is to be found in the vigilant and effective operation

of sanitary measures, municipal, domestic, and personal.

Resolved, That the New York Academy of Medicine cordially invites the physicians of every city and village throughout our country to urge the immediate adoption of adequate measures of sanitary protection against the introduction and ravages of cholera, and that to this end we pledge our brethren and the public the hearty and continued coöperation of this Academy,

The above resolutions were unanimously adopted by the Academy.

Maine Medical College.

A new, and admirably constructed building has been erected for the Maine Medical College at Brunswick. We are glad to learn that the school is doing well, and is offering excellent clinical advantages to students. Among the Professors are Drs. CORYDON LA FORD, late of the University of Michigan, and WILLIAM WARREN GREENE, of Pittsfield, Massachusetts, Professor in the Berkshire Medical Institute. Both are able and popular lecturers.

LINDSAY & BLAKISTON announce "REYNOLDS on Diseases of the Brain and Nervous System," "REMAK's Electro-Therapeutics," and "ELLIS on the Safe Abolition of Pain in Labor and Surgical Operations."

 ERRATUM.—In the list of Graduates of the Medical Department of the University of Pennsylvania, published in the REPORTER on the 24th of March last, the names of the Tennessee graduates were inadvertently omitted. There were four, as follows:

WM. L. DUCKWORTH, of Haywood co., EDMUND MCKINNEY, of Montgomery co., ALBERT P. RYALL, of Bedford co., and FLETCHER T. SEYMOUR, of Fayette co.

Dr. WILLIAM HENRY HARVEY, a native of Limerick, in Ireland, died at Torquay, in the south of England. He was a self-educated man of science, and was the first, thirty years ago, to examine and report upon the botany of the Cape of Good Hope. He was successively elected Keeper of the Herbarium in Trinity College, Dublin, Professor of Botany to the Royal Dublin Society, and Professor of Botany in Dublin University. His principal works are the "Phycologia Britannica," the whole of the plates, 360 in number, having been drawn on stone by himself; "The Seaside Book," a quarto volume of 550 pages and 50 plates on the Algæ of America, published by the Smithsonian Institution; the "Phycologia Australica," in five volumes, each containing 50 plates; and part of the "Thesaurus Capensis," incomplete, though three large octavo volumes are published. He had completed his fifty-fifth year.

Correspondence.

DOMESTIC.

LETTER FROM BOSTON.

The Cholera—Sanitary Measures.

EDITOR OF MEDICAL AND SURGICAL REPORTER:

Although Boston has for a long time been unrepresented in your correspondent's column, it by no means follows that nothing has been doing here. We have been, as you already have had proof, quite busy discussing the merits of the "cholera question," and in the mean time in a more quiet way, have been preparing for its approach, if it should pay us a visit. Whatever may have been the diversity of opinion as to the producing cause of cholera, all are agreed that sanitary measures are of paramount importance. Accordingly, early in the season, a survey of the whole city was ordered, and has been but recently ended. The city was divided into nine health districts, each of which were again subdivided for convenience of working. At the head of each district a health-warder was placed, whose duty it was to see that the local inspectors did their work efficiently and thoroughly. Daily reports of their progress were forwarded to the health office, and the abatement of the nuisances thus reported followed as fast as the means allowed. The result has been successful, and two important ends have been attained. The city at the present time is in as good sanitary condition as, under the circumstances, could be expected, and the visitation of the local inspectors to every house, has gained the coöperation of the citizens to a degree that has contributed very much to the health of the community at large. I am informed by the city registrar, Mr. APOLONIO, that the amount of sickness incident to the season has been very much less, during the past two months, than the average for many years.

After some considerable opposition from the occupants of one of the forts in the harbor, the city has regained possession of Galloupe's Island, which, during the late rebellion, had been occupied as a military rendezvous by the United States authorities. Upon the accomplishment of this desirable result, by a vote of the Board of Health, the limits of quarantine were extended so as to take in this island, as well as Rainsford Island, for a long time in use as a State Hospital for emigrants, and State paupers. Under the most efficient direction of Mr. Alderman CRANE, the Chairman of the Committee on External Health, a plan of quarantine has been arranged,

which is the most satisfactory of any that I have yet seen adopted in the United States. The vessels are boarded outside by the Port Physician, and the sick, if any, are at once sent to Rainsford Island, where they are received by the State authorities, who, from that time, assume the whole care of them, furnishing attendance, and everything necessary for their comfort. Those of the passengers who are well, are disembarked on Galloupe's Island, where are commodious barracks, and plenty of room for exercise and amusement. The barracks are the same which were built for the accommodation of the United States troops, and are sufficient to comfortably lodge 5000 persons. They have been put in perfect order, and are ready for immediate occupancy. Both these islands are isolated from the main, and from the other islands in the harbor, so as to be sufficiently exclusive to intrusion from without, or escape from within, and the perfect harmony of action between the State and municipal authorities insures success as to restricting any disease of a contagious nature which may be brought from abroad, while the accommodations furnished are of such a character that no one will be seriously incommoded or exposed.

The success which has attended the measures adopted in New York, even with their insufficient accommodations, gives ground for the belief that we shall be able, if by chance the cholera should be brought here by sea, to keep it at bay, and save our city from its ravages.

Early in the season a few cases of severe cholera morbus made their appearance, but since then we have been most remarkably free from it. The weather for the past two weeks has been intensely hot, but owing probably to the prudence and discretion of the community in regard to diet, etc., we have suffered less than usual from complaints incident to this season.

City Hospital.

The vacancy in the staff of the City Hospital, which occurred by the death of Dr. C. H. STEDMAN, one of the surgeons, has been filled by the election of Dr. W. H. THORNDIKE. Dr. THORNDIKE enjoys the respect of the profession, is a hard-working man, a good surgeon, and no doubt will prove a valuable addition to the hospital.

TRIMOUNT.

Boston, Mass., July 7, 1866.

— In a case of croup under Dr. WILKS at Guy's Hospital, where tracheotomy was performed, the child died, five days after the operation, from ulceration into the arteria innominata.

News and Miscellany.

Training Idiots, etc.

An interesting book and a valuable contribution to anthropological science, is a work by Dr. P. M. DUNCAN, and Mr. WILLIAM MILLARD, who have been for some years engaged in the endeavor to raise to the highest possible pitch the individual and social condition of the idiot, the latter being the Superintendent of the Eastern counties (England) Asylum for Idiots and Imbeciles. They give the results of their experience under the title of "A Manual for the Classification, Training, and Education of the Feeble-minded, Imbecile, and Idiotic."

— CHOLERA has again reappeared at Altenburg, and as this city is not very far from the position occupied by the right wing of the Prussian army, great fears are entertained of the possible spread of the epidemic into and through the military cantonments.

— DISEASE in both the Austrian and Prussian armies is reported as considerable. This must always be expected at the commencement of a war, when large numbers of new levies are crowded together, and thousands are placed under influences to which they were not inured. Among the Austrians in Bohemia typhus is prevailing. The Italians along the Venetian border are suffering from malarial fevers. The decrease in the effective strength of the Prussian army from disease has reached at least one per cent. per day.

— ANÆSTHETICS.—The editor of the *Cincinnati Journal of Medicine* reports the performance of CHOPART's amputation of the foot under the influence of nitrous-oxide gas. Also, a case of lithotomy, in which local anæsthesia was produced during the operation (medio-bilateral of CIVIALE) by means of RICHARDSON'S *spray-ether douche*. The douche was used for two and a half minutes, and the incision into the bladder gave no pain.

— A little boy in Wisconsin, died recently from grief at the death of a Newfoundland dog, who had been his playfellow.

— DEATH OF M. MICHON.—This eminent surgeon, so universally esteemed in Paris, died a few weeks ago, after a short illness.

Army and Navy News.

NAVY.

List of changes in the medical corps of the Navy, during the week ending July 7th, 1866.

Fleet Surgeon C. D. Maxwell, detached from the Pacific Squadron, by medical survey, and placed on waiting orders.

Passed Ass't Surgeon C. H. Giberson, detached from the U. S. ship *Susquehanna*, and placed on waiting orders.

Passed Ass't Surgeon Theoron Woolverton, detached from duty as Assistant to Bureau of Medicine and Surgery, and placed on waiting orders.

Ass't Surgeon J. R. Tryon, ordered to duty as Assistant to Bureau of Medicine and Surgery.

Acting Ass't Surgeon A. R. Holmes, promoted to the grade of Acting Passed Ass't Surgeon.

Acting Passed Ass't Surgeon F. V. Greene, ordered to temporary duty on board the U. S. ship *Resaca*.

MARRIED.

ANNIS—HOWELL.—In Aurora, Ill., June 28, 1866, at the residence of the bride's father, Dr. O. D. Howell, by the Rev. J. H. Tuttle, Mr. Frank M. Annis and Miss Annie Howell.

KELLER—YINGLING.—At the residence of the bride's parents, in Westminster, Maryland, June 12th, 1866, by the Rev. J. Thomas Ward, Josiah G. Keller, M. D., of Baltimore, and Miss Mary M. Yingling, daughter of Joshua Yingling, Esq.

KILGORE—WELCH.—In Windham, Me., June 25, by Rev. L. Wiswall, George L. Kilgore, M. D., and Miss Eliza H. Welch, both of Windham.

PALMER—WARNER.—At the residence of the bride's father, June 27, 1866, by Rev. M. E. Dunham, Henry C. Palmer, M. D., and Hattie A. Warner, all of Westmoreland, N. Y.

PRATT—EDSTROM.—In New York city, by Rev. Thomas A. Jagger, Calvin Pratt, M. D., of Bridgewater, Mass., and Miss Addie Edstrom, of New York.

SEVERLY—BASS.—June 28, by Rev. Dr. Kirk, Dr. James B. Severly, of Farmington, Me., and Miss Emma A., daughter of John A. Bass, of Boston.

WINNER—COX.—In New York, July 5, at the Church of the Holy Trinity, by the Rev. S. H. Tyng, Jr., Henry J. Winner and Edith Mary, daughter of the late Henry G. Cox, M. D., both of New York city.

DIED.

CORTELYOU.—On the evening of July 3, Ida, wife of Dr. J. V. Cortelyou, and only remaining child of Dr. John F. and Sarah Tuttle, of Rye, N. Y., aged 20 years and 4 months.

MASON.—On the 18th ult., at Bethel, Maine, Dr. Moses Mason, aged 75 years.

Dr. Mason was, at one time, a Representative in Congress from Maine.

ANSWERS TO CORRESPONDENTS.

Dr. J. H. S., *Litz, Pa.*—Hartshorne on Cholera, sent by mail, 7th inst.

Dr. J. D., *Cinton, Pa.*—Leeches, sent by Express, 5th inst.

Dr. J. T. B., *Clifton Park Village, N. Y.*—N. Y. Surgeons, sent by mail, 5th inst.

Dr. E. P., *Freeburgh, Ill.*—Hartshorne on Cholera, sent by mail, 7th inst.

Dr. J. C., *Dundee, Ohio.*—Chomel's General Pathology out of print. We would recommend Paget.

Dr. J. D., *Cleveland, Ohio.*—Hartshorne on Cholera, sent by mail, 7th inst.

Dr. J. H. K., *Worcester, Pa.*—Wyeth's Dose and Symptom Book, sent by mail, 7th inst.

Drs. H. and S., *Upper Sandusky, Ohio.*—Silk Elastic Stockings, sent by Express, 23d ult.

METEOROLOGY.

June,	25,	26,	27,	28,	29,	30,
Wind.....	S.	S. W.	S. W.	S. W.	N. W.	N. W.
Weather.....	Clear.	Clear.	Clear.	Cl'dy.	Clear.	Clear.
Depth Rain.....				3-10		
<i>Thermometer.</i>						
Minimum.....	69°	72°	74°	64°	60°	62°
At 8 A. M.....	82	83	84	70	65	68
At 12 M.....	90	90	89	72	74	75
At 3 P. M.....	91	93	89	72	71	77
Mean.....	83.	86.	84.	69.50	67.50	70.50
<i>Barometer.</i>						
At 12 M.....	30.2	30.2	30.1	30.	30.1	30.1

Germantown, Pa.

B. J. LEEDOM.

SUMMER SCHOOL

OF

MEDICINE.

No. 920 Chestnut Street, Philadelphia.

ROBERT BOLLING, M. D., JAS. H. HUTCHINSON, M. D., H. LENOX HODGE, M. D.

EDWARD A. SMITH, M. D., D. MURRAY CHESTON, M. D.,
HORACE WILLIAMS, M. D.

The Summer School of Medicine will begin its second term on March 1st, 1866, and students may enjoy its privileges without cessation until October.

The regular Course of *Examinations and Lectures* will be given during April, May, June, and September, upon

ANATOMY,

SURGERY,

CHEMISTRY,

PHYSIOLOGY,

OBSTETRICS,

MATERIA MEDICA,

PRACTICE OF MEDICINE.

The subjects will be studied by the aid of Specimens, Manikins, Demonstrations, and Clinical Examinations of Patients.

Students will be given access to the Pennsylvania, Episcopal, and Children's Hospitals. The employment of the Microscope, and the microscopic appearance of the tissues and fluids in health and disease, with the chemical tests and reactions, will also be taught.

FEE, \$50.

SURGERY.

A Course of Lectures on SURGICAL DIAGNOSIS will be delivered by Dr. H. LENOX HODGE, during April, May, June, and September, at the Summer School of Medicine, No. 920 Chestnut Street, Philadelphia.

The history, causes, symptoms, and pathology of Surgical Diseases and Injuries will be carefully studied, and the means of recognizing and treating such disorders distinctly taught.

Instruction will be given in the use of the Microscope, Ophthalmoscope, Otoscope, Laryngoscope, Endoscope, and other specula; in Percussion and Auscultation, and other means now employed for physical examination.

FEE, \$10.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, and in Practical Obstetrics. They will be enabled to examine persons with diseases of the Heart and Lungs, and to attend women in confinement. The class rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text books, etc., will be constantly open for study.

The Winter Course of Examinations will begin with the Lectures at the University of Pennsylvania in October, and will continue till the close of the session.

Fee for Office Students (one year), \$100.

Fee for one Course of Examinations, \$30.

Class Rooms, No. 920 Chestnut St., Philadelphia.

Apply to

H. LENOX HODGE, M. D.,

N. W. corner Ninth and Walnut Streets.

479-530



ELECLOR-VITAL.

The New Exposition by Dr. JEROME KIDDER will be ready in a few days. It will show the varied phenomena of the "Genuine Six Current Electro-Medical Apparatus." Also, an exposition of the trick of the "torpedo" spurious "six current machines." Also, the laws by which electricity contracts muscular tissue.

Price 30 cents.

Address,

DR. JEROME KIDDER,

450 Broadway,

New York.

489

VACCINE VIRUS FROM KINE.

Securely mounted for distant places.

One crust, or one capillary tube of liquid lymph, \$2.00 each.

EPHRAIM CUTTER,

Ex. off. a Vice-President of the

Mass. Medical Society,

Address,

13 Pemberton Square,

Boston, Mass.

489 t.f.

LOCAL ANÆSTHESIA AND ATOMIZATION OF LIQUIDS.

Will be sent by mail when requested, a pamphlet on "Atomization of Liquids," and Thudichum's method of treating Catarrh. By distinguished medical authority, with description of apparatus for these purposes, and for producing Local Anæsthesia by freezing with Rbigenole, as described by Dr. BIGELOW of Boston; or with Ether, as employed by Dr. RICHARDSON of London. Our apparatus for Local Anæsthesia freezes the flesh in from two to ten seconds when used with Rbigenole, and in about one minute with pure Sulphuric Ether.

The following is an extract from a note from Dr. J. H. BIGELOW:

"I have thus far found nothing better for freezing with Rbigenole than the tubes made by you after the pattern I gave you, and which I still use with your other apparatus."

Price of Apparatus for Local Anæsthesia..... \$6 00

Rbigenole, per bottle..... 1 00

Also,

LARYNGOSCOPES,

OPHTHALMOSCOPES,

HYPODERMIC SYRINGES,

and SURGICAL and DENTAL INSTRUMENTS of every description.

CODMAN & SHURTLEFF,

13 & 15 Tremont Street,

Boston, Mass.

488

VACCINE VIRUS,

FRESH FROM HEALTHY WHITE CHILDREN,

FOR SALE BY

BULLOCK AND CRENSHAW,

Arch and Sixth Street,

PHILADELPHIA.

Price, \$1.50 per crust.

485-530

REAL ESTATE COLUMN.

FOR SALE.—The residence and good-will of a large practice of a physician, residing in a pleasant town of about 1500 inhabitants, with excellent country practice connected therewith. The property lying on a railroad, is within a few steps of the depot, and within $2\frac{1}{2}$ hours' ride by railway of the cities of New York or Philadelphia. Churches of all denominations, schools, and mechanics, convenient in the place. The property consists of a large commodious stone mansion, with office attached, and all necessary out-buildings, nearly new, and in an excellent state of repair. It is surrounded by a highly intelligent and respectable community. The owner wishes to retire from practice.

Possession given immediately.
Address this office.

488—491

PRACTICAL INSTRUCTION IN THE TREATMENT OF DISEASES OF THE LARYNX, TRACHEA, POSTERIOR NARES, ETC.; WITH THE USE OF THE LARYNGOSCOPE.

The undersigned is prepared to teach LARYNGOSCOPY and RHINOSCOPY to physicians and advanced students.

A well-attended daily clinic affords an admirable opportunity for practical experience in the manipulation of instruments.

TERMS:

In Classes..... \$15 00
Private Tuition..... 40 00

J. SOLIS COHEN, M. D.,

488

1106 Walnut Street.

PARIS EXPOSITION.

Dr. Thomas W. Evans, of Paris, in concurrence with the Geneva International Committee (for the amelioration of the condition of the wounded upon the field of battle) proposes to make a collection of material which may serve to illustrate the surgical and sanitary history of our late war, for the

EXPOSITION UNIVERSELLE,

to be held in Paris in 1887.

I would therefore call the attention of all interested in HOSPITALS,

HOSPITAL TENTS,

HOSPITAL FURNITURE,

AMBULANCES,

MEDICINE WAGONS,

SURGICAL INSTRUMENTS,

or any other military or civil surgical appliance, to a plan which will secure for these articles the best possible exhibition free of any expense to the contributors.

When articles are costly, or of peculiar interest, or are likely to prove of special value in such a collection, a portion of the cost may be assumed by the subscriber, to whom application may be made for additional information, at No. 76 Water Street, New York.

487—492

EDWARD A. CRANE.

THE CONNECTICUT MUTUAL LIFE INSURANCE COMPANY

IS THE LARGEST IN AMERICA.

It has the largest amount insured.

It has the largest surplus.

It has the largest income.

It has the largest business.

It has the lowest average expenses.

It obtains the highest rate of interest on its investments.

(See Massachusetts Insurance Reports.)

It therefore affords Life Insurance at less cost than any other Company

DIVIDEND OF 1866,

(NOW BEING PAID.)

SIXTY PER CENT.

All Policies issued by this Company are either

NON-FORFEITABLE

by their terms, or may be converted into those which are non-forfeitable, at the option of the insured.

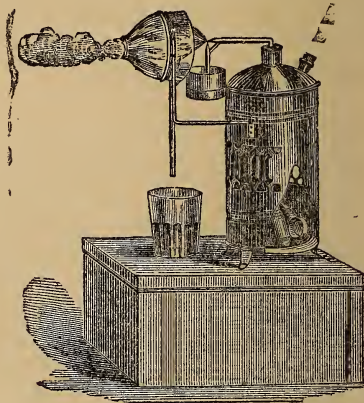
WALTER H. TILDEN, Agent,

404 Walnut Street,
Philadelphia.

472—487*

FEMALE MEDICAL COLLEGE OF PENNSYLVANIA.

The Seventeenth Annual Session of the Female Medical College of Pennsylvania will commence on Monday, October 15th, 1866, and continue five months. For further particulars address the Secretary, Mrs. E. H. CLEVELAND, M. D., North College Avenue and 22d Street, Philadelphia. 484—497*



THE NEPHOGENE.

The most compact, complete, and *cheapest* steam apparatus yet devised for atomizing medicated fluids for inhalation.

Securely packed for transportation in a metallic box, which also serves for a stand when the instrument is in use, and obviates the necessity of any additional fixtures. Can be used with any kind of atomizers.

Sent by express, on receipt of the price, to any part of the United States and Canada.

Price, \$10. Extra Face Protectors, \$1.00.

Every instrument will be thoroughly tested and warranted perfect in every respect.

"MASSACHUSETTS GENERAL HOSPITAL,
Boston, June 11, 1866.

WILLIAM READ, M. D.:

Dear Sir—The apparatus for atomizing medicated fluids for inhalation, arranged under your direction, has been used for some time in the hospital with entire success. It is perfectly safe, compact, and easily applied. I take pleasure in saying that it is the simplest and most convenient atomizer I have ever yet seen.

Yours very truly,

BENJAMIN S. SHAW, M. D.,
Resident Physician and Superintendent.
Massachusetts General Hospital."

WILLIAM READ, M. D.,
873 Washington Street,
Boston, Mass.

485

DUNGLISON'S MEDICAL DICTIONARY.

New Edition. Price \$6.

Five new Subscribers to the MEDICAL and SURGICAL REPORTER, and the amount for a year (\$25), will secure a copy of this valuable work. X

HISTORY OF THE AMERICAN MEDICAL ASSOCIATION.—(With Portraits.) This splendid and complete work written by Dr. N. S. DAVIS, contains a complete history of the American Medical Association, from its organization to its meeting at St. Louis, in 1854. It contains splendid steel engraved portraits of Drs. JONATHAN KNIGHT, of New Haven, NATHANIEL CHAPMAN, of Philadelphia, A. H. STEVENS, of New York, JOHN C. WARREN, of Boston, R. D. MUSSEY, of Cincinnati, JAMES MOULTRIE, of Charleston, B. R. WELLPORD, of Richmond, C. A. POPE, of St. Louis, and N. S. DAVIS, of Chicago. For sale at this office; Price \$1. X

MICROSCOPES

Varying in Price from \$20 to \$400.

Microscopic objects of the following subjects in great variety :
Anatomical preparations injected and mounted, both wet and dry. Sections of bone and teeth. Specimens in Natural History, Specimens in Chemistry for the Polaroscope, etc., etc.
Also glass slips, thin glass covers, Canada balsam, marine glue, etc., and for mounting objects, and in fact every thing required by a microscopist, made and for sale by
JAMES W. QUEEN,
924 Chestnut Street,
Philadelphia.

469

 Priced and Illustrated Catalogues sent free.

JOHN C. BAKER & CO'S COD LIVER OIL.

The testimony of the ablest professors of medicine, alike unsolicited and unequivocal as to the chemical and medicinal purity of Messrs. JOHN C. BAKER & CO'S COD LIVER OIL, justify the manufacturers in calling to its merits the attention of the medical faculty. The process of its facture involves only the loss of the characteristic unpleasantness of taste in the crude oil. Of its pharmaceutical virtues, not one particle is lost in the process of purification. The manufacturers are supported by Professors JACKSON and LEIDY, of the University of Pennsylvania, Doctors MUTTER, DARRACH, HARLOW YARDLEY, KNIGHT, LUDLOW, and many other prominent practitioners, in inviting the faculty everywhere to test and to prescribe this oil in preference to the more than few unreliable brands that are frequently forced upon the market.

The details of the manufacture of BAKER'S COD LIVER OIL are supervised with jealous care. Nothing but the livers of the true Gadus Morrhua are used, and the result is a pure, almost tasteless and inodorous oil, such as the medical practitioner may prescribe with confidence and anticipate enjoyable results. Respectable apothecaries everywhere that medical literature is in circulation usually sell our brand of oil. The trade is supplied from our head-quarters in Philadelphia.

JOHN C. BAKER & CO.,

718 MARKET STREET.
Philadelphia.

444—495*

DR. JEROME KIDDER'S ELECTRICAL DEPOT REMOVED TO 480 BROADWAY, NEW YORK.

Always on hand SUPERIOR ELECTRO-MEDICAL APPARATUS, with new improvements, patented in the United States, England and France.

DR. JEROME KIDDER'S Genuine Six Current Vitalizing ELECTRO-MEDICAL APPARATUS received the *highest premium* at the American Institute, New York; the Franklin Institute Syracuse, and wherever it has been exhibited in competition It has NEARLY DOUBLE THE MAGNETIC POWER of any machine called magnetic. The highest testimonials in favor of this apparatus from Professors Mott, Silliman, Vander Weyde, and other eminent scientific men. Used by the leading practitioners wherever it is known.

Address,
445—487

Dr. JEROME KIDDER,
480 Broadway, New York.

CASH CAPITAL, \$200,000.

THE UNITED STATES ACCIDENT INSURANCE COMPANY,

of Syracuse, New York, insures against
DEATH FROM EVERY CAUSE,

Whether ACCIDENT, CHOLERA, or DISEASE of any kind, with weekly compensation for DISABILITY from ACCIDENT.

COMBINED POLICIES FROM ONE TO FIVE YEARS.

ACCIDENT POLICIES FROM ONE MONTH TO TEN YEARS.

NO MEDICAL EXAMINATION REQUIRED FOR
ACCIDENT INSURANCE.

This is the only Company authorized by its Charter to issue COMBINED LIFE AND ACCIDENT POLICIES, uniting the benefits of both Life and Accident Insurance under one policy and premium, at the lowest rates consistent with the soundness of the Company and the security of the Insured.

Rates for Accident Insurance, FIVE DOLLARS for every \$1000, with FIVE DOLLARS weekly compensation.

A deduction of TEN per cent from above rates will be made to Physicians insuring direct at this office from the General Agent.

WILLIAM A. STEPHENS,
General Agent,
501 Chestnut Street,
Philadelphia.

486—537*

JUST OUT,

PRICE ONE DOLLAR, POST-PAID,

INSTRUCTIONS

IN THE

PREPARATION, ADMINISTRATION, AND PROPERTIES OF NITROUS OXIDE,

PROTOXIDE OF NITROGEN, OR LAUGHING GAS, FOR DENTAL AND SURGICAL PURPOSES, BY GEO. T. BARKER, D. D. S.,

Professor of Principles of Dental Surgery and Therapeutics in the Pennsylvania College of Dental Surgery.

Also a full stock of all the apparatus and material used in making and administering the Gas, on hand and for sale by the publishers and subscribers.

Address,

RUBENCAME & STOCKTON,

Dental Depot,
825 Arch Street,
PHILADELPHIA, PA.

493—495

SAMUEL S. WHITE (Successor to Jones and White), manufacturer of PORCELAIN TEETH and DENTISTS' MATERIALS, Gold and Tin Foils, Dental Instruments, Gold and Silver Plate operating Chairs, Corundum Wheels, Lathes, Furnaces, Rolling-mills, Blow-pipes, and all other articles used by the Profession. **SURGICAL INSTRUMENTS**, of the best quality, in cases or single, as may be desired, supplied to order, consisting of Lithotomy, Amputating, Trepanning, Obstetrical, and Dissecting Instruments. Catalogues sent on application. Also, publisher of the

DENTAL COSMOS: A Monthly Record of Dental Science. Devoted to the interests of the Profession. Edited by J. H. MCQUILLEN, D. D. S., and Geo. J. ZEIGLER, M. D. Terms, per annum, in advance, \$2.50. Specimen numbers sent on application.

Depots—523 Arch Street, Philadelphia; 638 Broadway, New York; 16 Tremont Row, Boston; 102 Randolph Street, Chicago.
345

FOR SALE.

"Appareil Volta Faradique de M. Duchenne de Bologne." It is in perfect order with the exception of the "pièces de drap," which requires to be renewed. Cost \$142.50; will be sold for \$100.00. (Directions for use.)

Also, one large Ophthalmoscope of "Liebreich for Class Demonstration." Price \$70. Cost \$80.

One Cooper's Eye Douch. See "Walton," p. 14, English Edition. Price \$10. Cost \$13.

A collection of rare Drugs and Chemicals, about 700, for office students, with catalogue. Price \$34, or 12½ cents each. 482 t.f.—X Apply at this office.

NEW ENGLAND MUTUAL LIFE INSURANCE COMPANY. Established 1843.

Assets, December 1st, 1864.....	\$2,926,254
Losses paid during the year.....	243,750
Losses unpaid.....	36,450
Dividends unpaid.....	184,626
Premiums, cash.....	\$440,525 14
Premiums, notes.....	318,607 44
	759,133
Interest received from investments.....	221,942
Premiums returned.....	64,203
Expenses of every kind.....	88,732

This, the oldest purely Mutual Life Insurance Company in the United States, has been uniformly successful, always making large and regular returns in cash to all policy-holders. Last cash dividend THIRTY-NINE PER CENT. It is strictly an institution for mutual protection, entirely beneficent in all its workings and tendencies.

The Insurance Commissioners state its surplus (\$850,000) over liabilities are proportionately GREATER, while its expenses are proportionately LESS than any other Company.

Economy, caution in its risks, and prudent investments, characterize this Company. Being purely mutual, it insures at the lowest possible rates, and if the premiums paid exceed the actual cost, the surplus is returned.

Every fifth year, when the dividends are declared, the business is, as it were, closed, so that its real condition and solvency are made manifest, and the surplus funds are then divided *pro rata* among all the insured, thus guarding against any possible loss from mismanagement, and providing a guarantee for the future.

Parties at a distance may insure from blanks, which will be forwarded free of expense.

Documents showing the benefits of Life Insurance, with the advantages of the Mutual Plan, and the superior position and marked success of this Company, and explaining the different kinds of Policies, with their methods of payment, may be obtained, free of expense, upon application, either personally, or by mail, to

DIRECTORS.

CHARLES P. CURTIS	W. B. REYNOLDS,
THOMAS A. DEXTER,	GEORGE H. FOLGER,
M. P. WILDER,	F. C. LOWELL,
SEWELL THAYER,	JAMES S. AMORY,
CHARLES HUBBARD,	HOMER BARTLETT.
B. F. STEVENS, President.	
JOSEPH M. GIBBENS, Secretary.	

Examinations daily at 1 o'clock.

W. D. STROUD, M. D., Medical Examiner.

WILLIAM GETTY, Agent,

No. 425 Chestnut Street, Philadelphia.

446-471*

WILLIAM ELLIS & CO., WHOLESALE DRUGGISTS,

(At the old stand of Charles Ellis & Co.)

No. 722 AND 724 MARKET STREET,

LABORATORY.—Nos. 10 AND 12 SHOEMAKER ST.,

PHILADELPHIA,

OFFER FOR SALE TO

PHYSICIANS AND OTHERS,

A general assortment of

PURE DRUGS and MEDICINES.

Orders from abroad will receive prompt attention.

457-469

STRUMATIC SALT,

From Mineral Springs, containing

IODINE AND BROMINE,

MANUFACTURED BY THE

PENNSYLVANIA SALT MANUFACTURING
COMPANY.

We would bring to the notice of physicians the virtues of

STRUMATIC SALT,

in the treatment of Scrofula and other kindred diseases.

It contains a considerable amount of Iodides and Bromides—combined with other salts—such as Chloride of Magnesium, Iron, Potassium, Sodium, and used in the form of baths, becomes a very acceptable substitute in diseases where their internal use is contra-indicated.

The Salt is prepared from the menstuum of Salt-wells of the Pennsylvania Salt Manufacturing Co., and every attention has been given to their purity.

The application of Strumatic Salt Baths is especially to be suggested in enlarged glands, and in that depraved condition of blood in which an alterative and tonic treatment is so much needed; in Rheumatism, it is especially adapted, in tertiary syphilis, cutaneous diseases, and diseases of the bony structure.

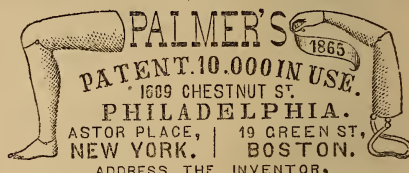
Depot for the sale of the Strumatic Salt, at

For sale by

H. CRAMER,

453-604

320 Race street, Philadelphia.



PRESIDENT OF THE AMERICAN ARTIFICIAL LIMB COMPANY.

These inventions stand approved as the "best" by the most eminent Scientific and Surgical Societies of the world, the inventor having been honored with the award of FIFTY GOLD AND SILVER MEDALS for "First Prizes," including the GREAT MEDALS of the WORLD'S EXPOSITIONS in LONDON AND NEW YORK; also the most Honorary Report of the great SOCIETY OF SURGEONS of PARIS, giving his Patents place above the ENGLISH and FRENCH.

Dr. PALMER gives personal attention to the business of his profession, aided by men of the best qualifications and greatest experience. He is specially commissioned by the GOVERNMENT, and has the patronage of the prominent OFFICERS of the ARMY AND NAVY. SIX MAJOR-GENERALS, and more than a thousand less distinguished officers and soldiers, have worn the PALMER LIMBS on active duty, while still greater numbers of eminent civilians are, by their aid, filling important positions, and effectually conceal their misfortune.

ADVICE AND PAMPHLETS GRATIS.

To avoid the imposition of COPYISTS, apply only to

474 Dr. PALMER,
1609 Chestnut street, Philadelphia.

SURGICAL INSTRUMENT MAKER.—LOUIS S. V. HELMOLD, No. 135 South TENTH Street (opposite the Jefferson Medical College), Philadelphia, manufactures and keeps constantly on hand a general assortment of SURGICAL INSTRUMENTS, of the finest quality and most approved pattern. 173

SURGICAL & ORTHOPÆDICAL INSTRUMENTS, ARTIFICIAL LIMBS, etc.—D. W. KOLBE, 32 and 34 South NINTH Street, next door to the University of Penn'a, Philadelphia, manufactures to order, and keeps constantly on hand a general assortment of SURGICAL INSTRUMENTS, only of the best quality and most approved pattern. Attention is called to his ORTHOPÆDICAL INSTRUMENTS. Many years of indefatigable labor and extensive experience has earned him the patronage of our most eminent surgeons, and the public in general. He does not hesitate to say, that no establishment in this country or abroad has attained to such perfection in this important department. His ARTIFICIAL LIMBS are made in strict accordance with anatomical facts, and their construction is entirely different, lighter, and yet more durable than any others. For further information, address the manufacturer. ARMY AND NAVY HOSPITALS, and the trade in general, supplied on reasonable terms. Orders by mail promptly filled.

REFERENCES:—All the eminent surgeons of this city. 357

ORIGINAL DEPARTMENT.

Communications.

VESICO-VAGINAL FISTULA:

Its History and Treatment.

By D. HAYES AGNEW, M. D.,

Demonstrator of Anatomy and Assistant Lecturer on Clinical Surgery in the University of Pennsylvania; one of the Surgeons of the Pennsylvania Hospital; and one of the Surgeons of the Wills Hospital for Diseases of the Eye.

(Continued from page 35.)

Treatment.

This is divided into the *palliative and radical*. If, in consequence of extensive destruction of tissue, or the presence of malignant disease, an operation is contra-indicated, we may resort to some means to palliate the distressing situation of the patient. These chiefly point to the collection of the urine so as to defend her person against excoriation, and offensive emanations. There is no task so difficult, and unsatisfactory as this. Many receptacles, and obturators, and other contrivances have been devised; such as a bag of gum elastic worn partly within, and partly without the vagina, styled by COLOMBAT the "*trou d'enfer*" of FEBURIER; or a gum bottle with a sponge on its anterior face, introduced into the canal; or tampons of fine linen, or soft sponge so adjusted as to occlude the opening. Of all these devices the metallic shield of Prof. MEIGS answers the best purpose, yet it must be confessed, all are but sorry contrivances, and will be soon abandoned. A rigid attention to cleanliness, by frequent ablutions, and the use of an inter-femoral napkin or diaper, will perhaps give the most satisfaction. FABRICIUS HILDANUS, as related by COLOMBAT, furnishes an instance of a case which was cured, after eight months, by vaginal injections, consisting of barley-water, and the mucilage of quince seeds; the following passage, in his quaint style, narrates the event, "*Illa autem continuo usa medicamentis (ut dixi) conglutinantibus, et per intervalla etiam purgantibus, intra menses octo, non sine admiratione omnium eorum quibus res cognita plane curata fuit, adeo nunc Dei optimi maximâ gratiâ ne guttula quidem*

urinae involuntariæ affluat, sed a vesicâ colligatur, retineatur et excernatur non aliter ac si antea nunquam male affecta fuisset."

Radical treatment.—It was only about the beginning of the present century any attempts for the cure of this distressing malady were thought of, and only within the last fifteen years that any encouraging results have been attained. At present we approach the management of a case of vesico-vaginal fistula with the same degree of confidence as that of stone, or hydrocele. The history of the various methods practised for its cure—although most of them have passed into history—will be presented, as they furnish the most remarkable example of untiring, undismayed perseverance in the face of the most unpromising results, and of a fertility of professional resource to be found in no other department of medicine. These methods may be arranged under the following heads:

- 1st. By the catheter.
- 2d. By the catheter, conjoined with the tampon.
- 3d. By cauterization.
- 4th. By the uniting apparatus.
- 5th. By galvanism.
- 6th. By transplantation.
- 7th. By the suture.

FIRST. By the Catheter.—It is important to ascertain, at the earliest moment, the existence of a fistula, as a little well-timed attention may procure a cure without an operation. There are cases in which there exists a strong tendency to spontaneous cure, and advantage should be taken of this, and a catheter placed at once in the bladder, and worn for three or four weeks, the patient being confined to the recumbent position, and due attention to cleanliness observed. A number of such cases terminating successfully have been placed on record, by FABRICIUS HILDANUS, BLUNDELL, RYAN, SEDILLOT, CAMPBELL, of Edinburgh, NELATON, and others; and I doubt not similar ones may be recalled by many practitioners extensively engaged in obstetric medicine.

SECOND. Catheter conjoined with the Tampon. This is usually described as the method of DE-

SAULT, although it more properly belongs to BOYER—the name of the former having doubtless become connected with it in consequence of the truss-like apparatus which he devised to sustain and retain the catheter.

A large-sized elastic catheter is introduced into the bladder, and its end slipped through an opening in a curved rod, one end of which is to be opposite the urinary meatus, and the other secured to an oval plate which rests on the pubes, and is in turn securely attached to a truss-spring surrounding the pelvis. This controls the catheter, by which means the urine is removed as rapidly as deposited. The margins of the fistula were next pressed toward each other by a round tampon, or plug, made of fine linen filled with lint, well oiled, and pressed into the vagina. It does not appear, of the many cases thus treated by BOYER, more than a single one recovered. With a very slight modification of the vaginal plug, others—as BAINES, GUTHRIE, YOUNG, and BARNES—have reported cures, the treatment continuing from six to twelve months. Those, curious to peruse these cases, will find most of them in the *Med. Chur. Trans.*, Vol vi., page 582; and the *Edinburgh Med. and Surg. Journal*, April No., 1824. COLOMBAT speaks favorably of this plan, provided the edges be first cauterized. It is probable any such cases reported as cured, recovered, not from the tampon, but from the persevering use of the catheter. The tampon could exert no influence whatever in pressing together the sides of the fistula, but just the reverse, by unfolding the rugæ or plications of the canal by distension. Let any one notice how a fistule gaps when the speculum is introduced, and the canal distended with air, and then, in withdrawing, how the sides collapse, and the demonstration will be clear.

THIRD. Cauterization.—Of this, COLOMBAT said, "It is the best method we can oppose to vesico-vaginal fistula." The agents employed were either the nitrate of silver, or the actual cautery. The former was conveyed to the fistula by fixing a stick in a porte-crayon, and conducting it to the opening through a fenestrated speculum introduced into the vagina, and repeated every four or five days, followed by emollient injections to relieve pain. After the edges begin to assume a swollen, or raw appearance, a catheter, according to COLOMBAT, should be placed in the bladder. A few successful cases by this mode of treatment have been reported by DUPUYTREN, DELPECH, McDOWELL, of Kentucky, LISTON, COLLES, and FERRALL. When the cautery was used, a bean-shaped stilet, heated to a white heat, was applied

to the opening, a fenestrum shielding the vagina being first introduced—and the parts lightly touched so as to induce a superficial slough. The advocates for caustics have been CHELIUS, VACCA BERLINGHIEN, CZEKIERSKY, EHRLMAN, MONTEGGIA, GUTHRIE, and COLOMBAT; for the hot iron, DUPUYTREN, DELPECH, BELLINI, McDOWELL, LISTON, BLASIU, and DIEFFENBACH. The caustic treatment was somewhat modified by LALLEMAND, principally, who conjoined with it a uniting apparatus. This surgeon was so particular as to take an accurate cast of the fistule with a very plastic wax. After the edges were made sufficiently alive by the caustic, he adjusted his instrument, one portion of which acted as catheter, and through its openings hooks were made to protrude, penetrating the posterior lip of the fistula on its vesical surface. A roll of lint, or charpie, was next placed against the under surface of the urethra, and pressed upward toward the vagina by a moveable plate connected to the anterior extremity of the catheter, the object being to press the lower lip of the fistula toward the other or upper lip impaled by the hooks. DUPUYTREN attempted the same thing by a peculiarly constructed catheter. LANGENBECK very properly pronounces such devices as complicated, and devoid of practical value.

FOURTH. The Uniting Method.—LAUGIER, in order to bring the edges together, invented a pair of claw-forceps, the blades of which could be introduced separately, and after being implanted on opposite sides of the fistule, secured together, by which the coaptation was effected. Quite recently, an instrument, acting on the same principle, has been invented by Dr. BETANCOURT, while pursuing his studies in the University of Pennsylvania.

FIG. 1.

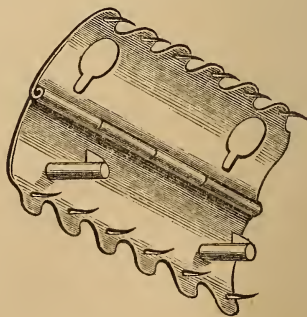


Fig. 1 is two light metallic plates connected by a hinge; their margins are scalloped, and support sharp hooks, designed to seize the margins of the fistula. In one plate are two eyes, and in the other, two moveable posts with shoulders, which are intended to pass through the eyes and hold the plates together.

These processes, unlike the others, act on the

vaginal surface of the opening. As to their value, it may be said of all of them, what LANGENBECK pronounced of LALLEMAND's mode, "they are theoretical, and devoid of practical value."

LALLEMAND, as far as I can ascertain, never reported more than a single case of cure, and even this VALPEAU declares proved a failure. LAGUIER confesses he had not succeeded in a single instance with his uniting forceps.

FIFTH. *Galvanism*.—The attempt to cure this malady by galvanism, is due to Mr. MARSHAL, of the University College, London. The impression was to be made by bringing the poles of a battery in contact with the sides of the opening, and was only another phase of the cautery. It only serves to demonstrate the straits into which men are thrown when they resort to such chimerical expedients.

SIXTH. *Transplantation*.—A very ingenious operation was devised and executed by JOBERT; it was by transplantation of tissue. The circumference of the fistula being drawn down, was freshened, a flap was raised from the inner surface of the labium, and being turned into the opening, was secured by a number of stitches; a catheter was kept constantly in the bladder during the treatment. In one case the growth of hair, the follicles of which were in the flap, induced a vaginitis, and also interfered with the execution of the conjugal act. In one case the material to form this fleshy obturator was taken from the buttock and thigh, and proved altogether successful in effecting a permanent cure. The results of four cases reported, furnish us with one cure, two failures, and one death. Where a large part of the vaginal-vesical septum has been destroyed, the operation of JOBERT might answer a valuable purpose.

SEVENTH. *By Suture*. The introduction of the suture marks an important epoch in the history of vaginal fistulæ. It was a step in the right direction. The credit of its introduction is due to ROONHUYSEN, a distinguished obstetrician at Amsterdam, who proposed its use in 1663. It was violently opposed long after by the celebrated PETIT, who asserted that incising and introducing a thread in parts so situated was a task almost incapable of execution.

The operation of ROONHUYSEN consisted in freshening the edges by means of a knife, scissors, or cutting forceps, operating through a speculum, then pushing across the opening needles, formed from the quill of the swan, and binding the parts together by winding about these novel pins, thread as we apply the twisted suture. LEWINSKI, long after, in 1802 proposed the suture. It

formed the subject of a thesis before the Faculty of Medicine in Paris. His instrument for placing the ligature was a catheter, carrying a needle which had a spring attached, and bearing a thread. This instrument was passed into the bladder, the spring pushed forward, making the needle to pierce the posterior wall, afterward the anterior wall, and securing by a *serre-noeud*.

VOLTER recommended after pairing the edges to coaptate by the interrupted suture. To execute this he used curved needles, threaded with waxed silk, and passed them at short intervals through the margins of the fistulæ, securing each by tying in a knot.

NAGEL'S method consisted in removing the circumference of the opening with a knife or scissors, the edge of which was guarded by a shield, moveable at pleasure; then introducing the thread sutures by a peculiar needle, one end of which was supported on a ring, through which the finger could be slipped, and near to the other extremity or the point was an eye for the thread. The point was guarded by the finger while being carried to the fistulæ, and after the sutures were passed the parts were drawn together, by twisting their ends together and allowing them to hang out of the vagina. Not the least important part of his plan was the use of the silver catheter; but singular enough its utility was destroyed in a great measure by the attachment of a stop-cock, only allowing the urine to flow at particular times. The same authority proposed the use of gilt or silver pins, and around them silk threads. He employed likewise the glovers suture; and for stitching a watch-spring, with a needle point, and concealed in a *la forest* catheter.

FLAMANT manifested most concern about pairing the edges of the fistulæ, to accomplish which he advised the use of a knife guarded at the point to protect the adjoining parts. The attention of LE ROY was most directed to the same subject; and hence we find him proposing different forms of cutting instruments, and also a fenestrated speculum, with hooks to unite the sides, as a substitute for the suture.

SHRÆGER freshened the edges with a pair of curved scissors; deposited wax threads by means of curved needles, supported on a needle-holder, and made them secure by introducing the ends through a rosary of small wooden balls or beads, and making them fast by tying over a little cross-piece. The same surgeon used the glovers suture.

LUKE employed a bivalve speculum to expose the parts, angular knives to incise the borders of

the fistula, hooks to draw it down, and curved needles to deposit the sutures.

MALAGODI used a leather thimble, which he placed on the left index finger, and hooking it under the margins of the openings pared the edges when thus stretched, the approximation being made by silk threads introduced by curved needles, manipulated in the grasp of a needle-holder. To prevent urinary infiltration a catheter was worn in the bladder, and the vagina stuffed with lint or chape.

EHRMAN recommended scarifying or cauterizing the edges, and then bringing them together with sutures, passed by curved needles, managed with a porte-aiguille. When he used cauterization a tube was inserted into the vagina, and through it a brush, dipped in a mineral acid, was carried up to the fistulous opening. The speculum he employed was a tri-valve, and his sutures were inserted by curved needles.

GOSSET, surgeon at one time to Newgate, London, operated successfully in 1834 on a case by the following method: The edges were carefully pared; metallic threads, well gilded, were introduced by curved needles, passed with a needle-holder, and the sides brought together and so retained by twisting the wires. To keep the bladder empty an elastic catheter was worn, and the patient requested to lie on the breast. It is worthy of notice here that this surgeon, in executing his operation placed, his patient on her elbows and knees.

KILIAN separated the walls of the vagina with blunt hooks; used a silver catheter, curved, similar to the male instrument, to bring the fistula forward for incising; and with curved needles, directed by a Wutzer needle-holder, passed the requisite number of threads, which were secured by DESAULT's knot tightener.

[To be continued.]

ON THE APPARATUS FOR NEBULIZATION OF MEDICINAL SUB- STANCES,

For Bronchial, Oral, and Posterior Nasal Inhalation, as well as for the production of Local Anæsthesia:

BY EPHRAIM CUTTER, M.D.,

Of Boston, Massachusetts.

(Continued from p. 41.)

For the nasal apparatus, if the liquid tube is large, it is only necessary to fill it by blowing in the menstruum in the ordinary position, namely, in the bending of the liquid tube downward. Then removing it to turn the tube upward, and placing the tip of the instrument behind the soft palate, to continue the blowing until the charge

in the tube is exhausted, and this is usually a sufficient quantity for exhibition. Should it be desired to have a more protracted exhibition, the proximal large end of the liquid tube may be bent on itself in the shape of a letter U. The free end can be immersed in the liquid, and the administration can be protracted as long as desired.

The *Materia Medica* of this department embraces aqueous solutions, chloroformal, ethereal and alcoholic tinctures, and glyceroles. The strength of these agents varies according to the circumstances of the patient and the nature of the drug. The following list embraces some of the ordinary articles, with their approximative strength:

1. *Tannin* solution, gr. $\frac{1}{2}$ —gr. v. to fl. $\frac{3}{4}$ water. Used in sore throat, indicated by injection of the mucus membrane with soreness, mucous bronchitis, slight aphonia, clergyman's sore throat, and catarrh of nares.
 2. *Iodine*. Tincture of U. S. P. one-half to full strength. Asthma, bronchitis, tuberculization of the lungs, scrofulous diathesis, and catarrh of nares.
 3. *Iodide of Potassium*, gr. j.—x to fl. $\frac{3}{4}$ water; indication the same as above.
 4. *Chlorate of Potash*, gr. j.—sat. sol. to fl. $\frac{3}{4}$ water; sore throat.
 5. *Alum*, gr. j. to f. $\frac{3}{4}$ —sat. sol. in water; as an astringent.
 6. *Sulphate of Zinc*, strength ut supra as an astringent.
 7. *Liq. Ferri pernitrat*, $\frac{1}{2}$ —full strength as a hæmostatic in hæmoptysis.
 8. *Sulphate of Iron*, gr. j.—x to fl. $\frac{3}{4}$ water.
 9. Anodyne tinctures of Opium, tannin, hyoscyamus, and solutions of the salts of their active principles, such as gr. j. to the fl. $\frac{3}{4}$ water, to procure sleep when the same medicine is rejected by the stomach.
 10. *Carbolic Acid*.
 11. *Wine*.
 12. *Nitrate of Silver*, gr. $\frac{1}{4}$ —gr. 40 to fl. $\frac{3}{4}$ water; in ulcerated sore throats.
 13. *Sulphate of Copper*, gr. j. to fl. $\frac{3}{4}$ water.
- The administration may be made from once in an hour to once in eight hours, or once a day, according to circumstances. The length of the time of administration should continue from ten seconds to one minute *pro re nata*.
- The method is still in its infancy, and this therapeutic field is open for harvests which promise richly.
- The apparatus just described has had a new and exceedingly valuable field opened for its use in its recent application by the eminent Dr. B.

W. RICHARDSON, of London, to the production of local anæsthesia by the impinging of the atomized spray of common sulphuric ether upon whatever part of the body it is desired to operate.

It acts by refrigeration. So large an amount of latent heat is absorbed in the passage of the nebulized ether to the condition of a gas or vapor, that the parts in contact are frozen. The thermometer is reduced to about 40° Fahr. below zero. Dr. H. J. BIGELOW employs a hydro-carbon volatile at -80° F., and calls it Rhigolene. Dr. RICHARDSON was in the habit of cooling the ether by ice before use. But this is unnecessary.

The process has the following characteristics: simplicity, cheapness, celerity, and success. It is simple. It requires only the plainest form of the atomizing apparatus and a small bottle of common ether. It is cheap; because only a drachm or two of the ether is necessary. It is quick; the time required is only five seconds minimum to forty-five seconds maximum. It is successful; as the following cases of surgery show for themselves. It is simply applied; it being only necessary to blow the vapor on the part desired to be operated upon. The impinging continues for from five to forty-five seconds. If continued longer, as the benumbing acts by refrigeration, the part would become exsanguine and frozen, and exfoliation and desquamation would ensue. It is not necessary to carry the process to this extent for the production of the necessary anæsthesia. This lasts for about one minute. Should the operation be longer protracted, it will be necessary to repeat the application of the ether.

The operations to which this method is applicable are as follows:

The opening of abscesses, such as felons, deep-seated collections of matter under the fascia of the thigh, etc.; the extirpation of nævi materni, the extraction of teeth, the puncturing of synovial ganglions of the wrist, the extirpation of excrescences, small wens, tumors, warts, the paring of vesico-vaginal fistulæ, the paring and removal of corns and bunions, the removal of toe and finger nails, slivers, needles, thorns, and foreign bodies in the ear. Capital operations have been performed, such as the Cæsarean section successfully and painlessly. It may also be applied for the refrigeration of wounds of joints, etc.

The following cases are appended for illustration:

Case I. Physiological. This is typical of quite a number similarly tried, which were all alike in result.

My own hand was pricked with a pin, and gave

me the ordinary painful sensations. Upon applying the ether in a state of nebulization for about fifteen seconds or less, the point of the instrument being held within one inch of the skin, a space of about one inch in diameter when pricked with the same pin gave no pain whatever, and the only cognizance of the operation was the sensation of a foreign body touching the skin as if pressing on it.

Case II. My timid wife had a painful stump of the second right upper tooth, which I had in vain sought her permission to extract for fear of the pain. The atomized ether was applied to the anterior gum and the stump of the tooth for the space of half a minute, and then the stump was successfully extracted at once. My wife insists that she felt no pain whatever. There was a sensation of pulling.

Remarks.—This case was analogous to those published by Dr. RICHARDSON. The writer recommends his silver and platina instrument for this dental anæsthesia. Its elongation, form, and point at right angles, admirably adapts it to this purpose. It can be applied readily to the deeper teeth, and to the gums outside and inside. It is less cumbersome than the vitreous instrument.

Case III. A timid lymphatic boy, twelve years of age, son of a farmer, had a diffused fluctuating swelling on the outer aspect of the left thigh, extending from just below the great trochanter to the lower half of the thigh. It was livid in look and "punky" in feel, except at the upper part. It had been three months in coming on. It was not very painful. With a home-made nebulizer of glass tubes, wood, and sealing wax, it was anæsthetised. In half a minute the skin was punctured deeply with an abscess lancet, without pain. Subsequently on probing more deeply to find whether the bone was diseased, he complained bitterly, but he said that the primary puncture he did not feel at all. The discharge was thin and bloody.

Case IV. A man with a small abscess on the left point of the chin. This was nebulized with ether for thirty seconds, and punctured without pain, securing a free discharge of pus.

Case V. A lady of forty-one years, with a ganglion on the left wrist as large as an ordinary marble. This was nebulized with common ether for thirty seconds, and then pierced with a large number of subcutaneous punctures with a spear-shaped needle, *absolutely without pain.*

Case VI. A married lady, forty-five years of age, with hip disease of two years standing, indicated by pain in left knee, hip-joint, and thigh, shortening of the left limb one inch;

had a swelling appear over the left hip joint, and extend downward for about four inches. It was soft, distinct, fluctuating, and attended with severe pain. It may be well to add, that this swelling was consequent on the manipulations of a "spatting" doctor, who roughly bent the thigh out straight when apparently ankylosed at a right angle to the body! The ether was nebulized on to the lower part of the swelling, which was then opened with a straight bistoury, *absolutely without pain*. As the anæsthesia was passing off, the opening was enlarged, with a slight sensation of pain.

Case VII. A man was trodden upon the left instep by a calf. In a few days, on the extensor tendon of the great toe, midway between the ankle and toe, there appeared a cartilaginous elastic-feeling tumor, of the size of a marble. It was diagnosed as a ganglion of the theca. Atomized with common ether for about thirty seconds, it was so benumbed, that it was *painlessly* and subcutaneously punctured with a spear-shaped needle.

Case VIII. A young lady, 17 years of age, had a sore on the ulnar middle surface of the left forearm, which appeared to be a globe of $\frac{1}{4}$ -inch in diameter. Its outer surface was red, and when pressed upon or accidentally hit, exuded a bloody serum. It was painless. Extirpation by the knife was proposed, with local anæsthesia. Being consented to, after some hesitation, the part was subjected to the stream of ether for sixty seconds, the spray impinging upon and covering a circular surface over one inch in diameter. It was separated by the knife in a few minutes, the patient said absolutely without pain. During the operation, the atomization was repeated twice. The general effect of the operation was shown by a paleness and slight faintness.

Case IX. Felon case. An Irishman, middle-aged, laborer, had a swelling, involving the extremity of the middle finger of the left hand. It had existed one week, and had kept him awake all of one night with the pain. It was dense, hard, and very painful to the touch. It was atomized with ether till it became white, and then opened freely with a knife. The anæsthesia was not complete. The patient said he was hurt considerably. But his manifestation of pain did not begin to compare with the symptoms shown by others when their felons were opened, and who experienced a similar amount of suffering during the exploratory palpation.

Case X. A boy, 18 years old, while fishing, caught a hook in the left thumb, next the middle of the nail, on the outer side. It was sunk below

the barb. The part was nebulized with ether for about forty-five seconds. It was attempted to be withdrawn, without success. This proceeding did not cause much pain. The hook was then driven forward until the point and barb appeared out on the other side, and were broken off. The hook was then withdrawn without pain or difficulty. The operation was very painful, as the under surface of the thumb was not anæsthetised. The process in this case was not very satisfactory.

Case XI. Attempted extraction of the third upper right molar tooth. The ether was applied for about one minute, on the outside and inside of the tooth. The first grasp of the instrument was not felt, but the tooth was crushed in the attempt at extraction, and the subsequent unsuccessful efforts to extract the remainder were evidently as painful as they would have been without the application of the anæsthetic.

Two days afterward, the patient appeared and said that the pain was as bad as ever. It was nebulized, and attempts were made to withdraw, with only the result of breaking off the tooth still more, and the after-pain worse than ever. I then called in an eminent and expert dentist, Dr. CLOUGH, who, after I had thoroughly nebulized the stump with ether, skilfully, though unexpectedly, removed the remains, which proved to be the fangs incurved and dowelled in by a portion of the alveolar process running in between. On the extremity of one fang, there was a sac filled with pus, as large as a common-sized pea. The last extraction, the patient said, was not felt as painful—establishing well the perfection of the local anæsthesia.

Case XII. A machinist, working a heated iron on an anvil, cleft off a sliver from the anvil, which rebounded and penetrated the ulnar aspect of the left forearm, midway between the wrist and elbow. It was hot, and caused a deep and freely bleeding wound, which was very painful. With the tin nebulizer, I inserted three deep sutures, absolutely without pain. In six days the wound was well-healed, and the sutures removed.

— M. GAILLARD has just brought to the notice of the French Academy a method by which all danger from lucifer matches is obviated. It consists in simply dipping matches into sulphur after having plunged them into phosphorus; the sulphur being insoluble in water prevents the phosphorus from dissolving in alimentary liquid matter, so that all danger of poison is avoided; while the more powerful friction necessary to cause combustion will be the surest guaranty against fire.

BIOGRAPHICAL SKETCHES OF
Distinguished Living New York Physicians.

By SAMUEL W. FRANCIS, A. M., M. D.,

(Fellow of the New York Academy of Medicine.)

I.

Martyn Paine, M. D., LL. D., etc.

"He thought as a sage, but he felt as a man."—JAMES BEATTIE.

Dr. PAINE, one of the oldest practitioners in this city, was born in Williamstown, Vermont, July 8th, 1794, and, though 72 years of age, continues to lecture with his accustomed zeal, and follows out, in his daily reading, the recent investigations of foreign philosophers. His father, named ELIJAH PAINE, married Miss SARAH PORTER, by whom he was blest with four sons—Elijah, Charles, George, and Martyn; and four daughters, Sarah 1st, Sarah 2d, Caroline, and Sophia.

Young MARTYN was at first instructed by private tutors, who took up their abode with his family, and strove to instil into his mind habits of observation as well as principles of study. Among these we find FRANCIS BROWN, subsequently President of Dartmouth College, and ASA BRAND, also a graduate of that institution, both men of keen insight into the rudiments of learning, and of a wide appreciation of the simplicity of youthful intellects. They strove to impress facts upon the mind, rather than force the scholars to commit to memory pedantic words. It was with them the great aim to lay a deep foundation of durable substance, rather than erect in the shortest time a superficial superstructure of what might truly be called, in this Frenchy age, a gingerbread edifice of fantastic aphorisms.

Young PAINE completed his rudimental course at Atkinson, N. H., under the guidance of Mr. Vose, and at once entered Harvard University, whence he was graduated in 1813. Experiencing a desire to enter upon the study of medicine, he became a pupil of Dr. JOHN WARREN, in whose office he remained for two years, when, his preceptor dying, he finished his preparatory course under his son, Dr. JOHN C. WARREN, both father and son being residents of Boston, Mass. Having been engaged in no other business whatever previous to his choice of medicine as a course in life, he entered the Medical Department of Harvard University, and was formally graduated M. D., at the end of the full period, in 1816. His Thesis on "Inflammation," was treated with a con amore spirit, for Dr. PAINE, during the best part of his life, was wont to maintain that most diseases are of an inflammatory character, and require antiphlogistic treatment.

In 1847, he visited Europe, and travelled extensively through England, Scotland, and Ireland, France, Germany, Italy, Switzerland, and other places of interest. Dr. PAINE made one important discovery during his sojourn abroad. It was that in each place he visited, the food of the inhabitants was regulated by experience, without regard to chemical analysis; and, as was the case before LIEBIG's day, "upon the soundest physiological principles." He maintains that, throughout the world, the man of science may alleviate suffering and relieve disease, but not improve on the general diet of the native, for the experience of generations has led them to the best selections.

From 1816 to 1822, he practised in Montreal, Canada East, and then removed to New York, where he has since resided as a practitioner. In 1825, he married Miss MARY ANN WEEKS, daughter of EZRA WEEKS, of New York, and became the father of three children, Elizabeth, Robert Troup, and Elijah. His eldest son, Robert, was a young man of great promise, studious habits, and vivid imagination; and his early death, when just on the verge of manhood, cast a shadow over the horizon of his kind father's nether world, that will never be removed. While it saddened his life, it brought out the brilliant traits that emanate from benign resignation.

Being a Protestant Episcopalian, Dr. PAINE has taken a deep interest in the efforts of the Church, and fully endorses the words of unhappy BYRON, that "all save the heart of man's Divine." On asking him once his opinion of the theories of Bishop COLENSO, he replied, "Rank atheism must follow in his footsteps."

Without limiting himself to any favorite branch of disease, the Doctor has more particularly confined himself to a special method of treatment, namely, bloodletting. With him the lancet and tartarized antimony have been found most efficacious. The following case will give an excellent idea of the Doctor's course in practice. When prostrated by acute pneumonia, he had himself bled nearly two pounds, and took five grains of blue pill, also two drachms of castor oil. Ten hours after this, the "symptoms having recurred," the Doctor was bled to the extent of about twenty-four ounces, took half a grain of ipecacuanha, every four hours, and two grains of the compound powder. Alterative doses of tartarized antimony were administered every two or three hours, but not carried to the extent of nausea.

About twelve hours after the last bloodletting,

on a return of the symptoms, Dr. PAINE decided to be bled again, in a local manner, and caused twelve large leeches to be applied to his chest, and the bleeding to be kept up several hours. The alteratives were continued, and one five-grain blue pill taken. The next morning, the symptoms increasing, Dr. JAMES C. BLISS was requested to bleed the Doctor again, but declined, not deeming it necessary, as he had already lost much blood. Dr. PAINE still urged bloodletting, as he desired to carry out on himself what he had main'tained in his lectures for so many years. He was accordingly bled about twenty ounces more, and on the ninth day after this last bleeding, was found sawing wood in his garden. No other medicine had been taken, and no blister was required. The Doctor also claimed that his digestion, which had been formerly impaired, was greatly improved. This case has been published in Dr. PAINE's Institutes, page 870, but it is so characteristic of his entire course in life, that with but little change it has been transcribed.* On another occasion, Dr. PAINE bled a patient in a moribund state twenty ounces, and he recovered "steadily and rapidly."

As a proof of the Doctor's firm belief in this method of depletion, I have in his own handwriting the following sentence, "After having been in practice fifty years, I place it upon record, that I have never failed of abstracting blood in pneumonia, pleuritis, puerperal fever, and, with rare exceptions, in erysipelas, and that I have never lost a patient affected with either of the last three diseases, and one only with pneumonia, a child of three years, and this, in my judgment, from insufficient bloodletting."

Once while conversing with him, he said to me, in speaking of a mutual acquaintance, "Yes, sir; that young man has been very near death's door many times, but the lancet has saved him. He is just twenty-one years old, and I have bled him twenty-one times, but you see he is not dead yet! Depend upon it, sir; the present system of iron, brandy, and stimulants will be abandoned after a little more experience."

After passing my examination with Dr. PAINE for my degree I waited upon another Professor, to undergo the same anxious questioning, and as his plan of treatment was so different from the Doctor's, I could not help remarking to him, "How singular life is, Doctor;

I have just come from Dr. PAINE, where I answered in each case that he put to me, 'the treatment is bloodletting, sir;' and now I am to tell you, sir, that under no circumstances whatever is the lancet to be used. This is very perplexing to a student."

On another occasion, I met Dr. PAINE at the Redwood Library, Newport, R. I. The conversation turned to the war, and the rapid progress of the rebellion, with the difficulty of putting it down. "Sir," said he, with an eloquent sparkle in his eyes, "expectant treatment will not do in this case. The disease is of a highly inflammatory character; and the only remedy—copious, frequent, and heroic *bloodletting*. Iron may be administered as a *purgative*, but bloodletting alone can save the body politic. Depend upon it, Doctor, they cannot contradict me in this case;" and laughing heartily, he walked off.

On asking him if he would be a Doctor again, I received the following reply, "I think that there is no pursuit more useful, intellectual, moral, of greater religious tendency, or more conducive to happiness, than medicine, while it is the most recondite and responsible."

In regard to the use of tobacco, Dr. PAINE does not approve of it. He never smoked, and is opposed to the practice. And to those who have not heard his lecture on "Tobacco, and its Injurious Effects as a Luxury," the treat cannot be fully described. King JAMES of old would have knighted the Doctor, could he have heard his vituperative discourse, the earnestness of his manner, and the strength of his language. His arguments are forcible, his statistics correct, and he *almost* persuades one to abstain.

As an instance of the simplicity of his genius, and his deep and cherished love of nature, the following anecdote cannot fail to be of interest to those who know the Doctor well and the gentleness of his disposition.

While visiting his friend, Dr. J. W. DRAPER, at whose charming country-place in the suburbs of Hastings, he was a guest, Dr. PAINE undertook to work in the garden, weeding flower-beds and trimming branches. One day, he took off his coat and hung it on the vine above his head, and went on with his work; but when he returned for his coat, he found that two little sparrows had selected one of the side-pockets as a future residence, and had already deposited some little sticks and threads, pieces of straw, and were busily engaged in planning their future home. The Doctor was delighted. He looked on the feathered fillibusters with pleasurable interest; left his coat for their abiding place, returned

* Cases of a similar nature may be seen in COPELAND'S Medical Dictionary, vol. 2, page 796, and 12th No. of the *New York Medical and Physical Journal*. My late father, JOHN W. FRANCIS, M. D., etc., lost, during an attack of laryngitis, 132 ounces of blood, and recovered.

to the house and procured another, and during his stay, watched their progress. He has this coat now in his possession, with the very nest.

Dr. PAINE's height is 5 feet, 6½ inches, and weight 140 pounds, and his general health is good, saving occasional indigestion, which is much benefited by judicious exercise and a plain diet.

In the year 1838 it was deemed advisable to create a Medical College in connection with the University of New York City, and Dr. PAINE was duly elected to fill the chair of the Theory and Practice of Medicine; but owing to certain delays incident to all important movements, the step was abandoned, and it was not until 1841 when Dr. PAINE himself, in company with Drs. VALENTINE MOTT, JOHN W. DRAPER, GRANVILLE S. PATTISON, GUNNING S. BEDFORD, and JOHN REVERE founded the University Medical College, which at once supplanted the former medical department which had been associated with it. Dr. PAINE was selected Professor of the Institutes of Medicine and Materia Medica, which position he held till 1850, when he became the "incumbent" of the chair of Therapeutics and Materia Medica, which official capacity he has occupied up to the present time.*

Not many years since the University of Vermont (the Doctor's native State) conferred on him the degree of LL. D.; and other domestic societies have elected him an honorary and corresponding member. Among these we find him a member of the Royal Verein für Heilkunde in Prussia, the Gesellschaft für Natur, and Heilkunde zu Dresden, Medical Society of Leipsic and Sweden, Montreal Natural History Society, etc. etc. etc. The Doctor is also connected many literary and historical societies in this country, and is a Fellow of the New York Academy of Medicine.

With regard to his favorite theories and original discoveries, Dr. PAINE's must ever stand high on the subject of the *reflex* action of the nervous system, and almost any physiological or mechanical fact based upon this theory. Though many have sought to share the credit of these

most interesting views, and the morbid causes of the disease the result of this action, Dr. PAINE's claims to priority are permanently recorded in print, and may be read with benefit.*

Up to the year 1854 a stringent law was in force against any dissection of the human body in the State of New York. A person caught in the act was liable to hard labor in the State's Prison. Besides, the sympathies of the poorer classes were often exercised at the mere thought of such a deed, and one or two occasions were the source of riot, bloodshed, and threatening of the life of any medical man. The "Doctor's Mob" was brought about by the exhibition of only one limb, and much talk.

Many applications had been made to the Legislature, but with no success. Prejudice seemed immovable.

About this time Dr. PAINE was earnestly requested by his colleague professors of the University Medical College to appeal, in person, to the Legislature, and bring about a repeal of the law that kept down scientific investigation. The following official correspondence, being historical in a medical point of view, is eminently worthy of permanent record, besides explaining many facts not generally known:

June 4th, 1853.

DR. MARTYN PAINE—

Dear Doctor: At the faculty meeting, yesterday, a resolution was passed unanimously, requesting you, if you can do so conveniently, to go to Albany and endeavor to effect the passage of the Anatomical bill. It was the opinion of the faculty that if you would make the attempt you would certainly succeed, etc.

Yours, truly,

JOHN W. DRAPER, *President*.

To this application Dr. PAINE sent an unqualified refusal, stating, among other reasons, the "apparently insuperable prejudices against dissections of the human body." In the fall the doctor received another official letter, of which the following is a copy:

UNIVERSITY MEDICAL DEPARTMENT, }
November 3, 1853. }

My Dear Sir: The faculty, at their last meeting, resolved that it is expedient for them to endeavor to have practical anatomy legalized at the ensuing session of the Legislature; and they moreover directed me to address to you an urgent letter, with a view of inducing you to reconsider your intention of not going to the Legislature this winter; for they feel that you would, with certainty, succeed in carrying this important measure if you will consent to undertake the mission. May I, therefore, hope that you will

* This college was burned to the ground during the conflagration of the Academy of Music, May, 1866, which resulted in the entire loss of Dr. Mott's most valuable Anatomical Museum, which he bequeathed to the public at large, and the private museums of Drs. VAN BUREN, A. C. POST, and some most interesting collections of Drs. DRAPER, besides destroying Dr. PAINE's Herbarium, minerals, and rare paintings of botanical specimens. The Faculty planned a new college at once; held temporary meetings and clinics at the New York Hospital, and are now making speedy arrangements to erect a new building on a better site, or what is much better, may incorporate a college in connection with the New York Hospital.

* See Institutes of Medicine, by MARTYN PAINE, M. D., L.L.D., etc. Article—Rights of Authors. Page 912. Fifth edition. 1859.

gratify your colleagues in this particular, and have the pleasure of giving them information to that effect.

Yours, truly,
JOHN W. DRAPER, *President.*

This second and strong appeal produced the desired effect; and though Dr. PAINE saw great personal sacrifices of time and labor, under many painful circumstances, and in direct opposition to the popular feeling, he consented, and forthwith entered with zeal upon his new diplomatic mission. The bill met with little delay in the Senate, but was most violently opposed in the House of Assembly, and its ultimate success was chiefly due to the personal explanation made by Dr. PAINE during private interviews with those in power, which he kept up with abiding hope till nearly every member of the Legislature became familiar with the nature of the subject. During this period it became the topic of discussion in the House of Assembly; and as its passage as a law required the votes of two-thirds of all those elected to the Legislature, it continued to occupy public attention for three months before Dr. PAINE ventured to put the bill to the final test. The requisite number of votes could only be secured by making it a special order for a future day.

But the end of labor had not yet come. Four opposing members promised Dr. PAINE to withdraw their negatives, should it be necessary, for the passage of the bill. The Clerk of the House agreed to continue calling the absentees so long as any one might answer to his name, and great interest was exhibited on both sides. A bright prospect seemed to shed its rays, but at the time of final voting a fierce opposition arose and continuous argument was kept up, with a view to consume the time allotted to this matter. This, however, was brought to a close, and the "bone bill," as it was maliciously designated, was put to the vote. At the first roll call there were absent four affirmative votes; but when the absentees were called two of these responded. A third call brought to light a third affirmative man. And now suspense was painful; for by the temporary absence of this last affirmative the bill might be lost, and the winter's labor become as nought. The "faithful clerk" pronounced the names of the absentees once more, when three affirmatives came forward according to promise, and this all-important bill, for the benefit of medical science, became a law by the assistance of two additional and extra votes—67 yeas to 43 nays. In the Senate the final vote was 23 yeas to 3 nays. The principal causes of this formi-

dable opposition were local prejudices and a lobby influence which rejects any advancement for the amelioration of mankind until a very Midas lends his golden touch. Even at this time the Board of Councilmen of the city of New York presented a printed protest, in which they urged "*the Representatives in the Legislature to oppose, by every means, the passage of any bill legalizing dissection of dead bodies.*" Irish and German emigrant societies, probably influenced by presentiment, forwarded strenuous remonstrances, and printed denunciations of the bill were circulated throughout the city of Albany, signed by individuals of certain power. Yet when the bill became a law it met with entire acquiescence.

On asking Dr. PAINE which one he considered the most valuable of all the medical plants, his reply was as follows: "Were it not that we possess in arsenic a good remedy for intermitting fevers, and also in other things, I should regard cinchona as the most useful of medicinal plants; but with the advantages of the foregoing substitutes, jalap would take the first rank, and I have a very high opinion of the plant which yields the castor oil." On requesting the Doctor's opinion regarding intoxicating drinks, I received the following comprehensive reply: "Alcoholic liquors are so much in favor with the world that there can be no doubt that it would be the greatest of all temporal blessings, both to the sick and the well, were they expunged from existence."

List of Works by Dr. Paine.

1. Letters on the Cholera Asphyxia, as it appeared in New York in 1832. 8vo. Pp. 160. First published by Dr. JOHN C. WARREN, of Boston, Mass. in *Periodical Journals*; subsequently in New York by COLLINS & HANNAY.
2. Experiments to ascertain whether the quantity of blood circulating in the brain may be reduced by blood-letting. In *Medico-Chirurgical Review*, London, April, 1834.
3. Medical and Physiological Commentaries. 2 vols., 8vo. Pp. 1531. Published by COLLINS, KEESE & Co. New York: 1840. And vol. 3 in 1844, which last consists of a collection of essays which had been published at intervals, among which may be found an interesting one on the Philosophy of Vitality and the Modus Operandi of Remedies.
4. Institutes of Medicines. 8vo. First edition 1847, and eighth edition 1865. Pp. 1145. Published by HARPER & BROTHERS, New York.
5. On the Soul and Instinct, physiologically distinguished from Materialism. 12mo. Pp. 173.
6. Organic Life as distinguished from the

Chemical and Physical Doctrines. Pp. 53. Second and enlarged edition. Published by E. H. FLETCHER. New York: 1849.

7. Memoir of ROBERT TROUP PAINE. 1000 copies, illustrated. Quarto. Pp. 524; and one copy folio for Harvard College Library. Privately printed by JOHN F. TROW, New York, 1852.

8. On Theoretical Geology, sustaining the natural constitution of the Mosaic Records of Creation and the Flood, in opposition to the prevailing geological. 8vo. Pp. 121. 1856. This first appeared in the *Protestant Episcopal Quarterly Review*, April, 1856, New York, and embraces a philosophical interpretation of the Mosaic narrative of creation.

9. Materia Medica and Therapeutics, 12mo. Pp. 411. Third edition. 1859. Published by S. S. & Wm. Wood, New York, and originally appeared in 1842, under the title of a Therapeutical Arrangement of the Materia Medica, and was published at that time by J. & H. LANGLEY.

10. Reviews and essays in medical and other periodicals, among which were seventeen articles, showing the great superiority of medical education in the United States over that in Great Britain, founded upon parliamentary documents, which appeared editorially in the *New York Medical Press* from January 29th to June 4, 1859.

Hospital Reports.

PENNSYLVANIA HOSPITAL, }
June 16, 1866. }

SURGICAL CLINIC OF D. HAYES AGNEW, M. D.

Reported by Dr. Napheys.

Fracture of Inferior Maxilla.

The fracture of the lower jaw in this man is situated a little to the right of the median line, passing completely through the alveolar processes, as well as the body of the jaw. The accident was caused by his falling from a cart, the wheel of which passed over the injured part.

There has been much trouble in the management of this case, in consequence of the displacement which ensued. The outer fragment, attached to the ramus of the bone, was drawn inward and upward, in consequence of the contraction of the internal pterygoid and the masseter. Probably, of all the fractures the surgeon is called upon to treat, there is more difficulty in the management of those of the inferior maxillary, than of any other bone. There have been a great many methods suggested where there is this derangement of the parts, for getting them into line and so retaining them. A very common one is to tie the teeth together, when they are entire, with silk thread. For this

purpose, wire has been substituted. Unfortunately, the teeth will soon become very sore or loose from the application of wire, obliging an abandonment of its use. Then there are all kinds of models adapted to the surface of the jaw. That made of binder's board softened in water, and accurately adjusted and secured by an ordinary BARTON or GIBSON bandage, answers an excellent purpose. Still, notwithstanding all these contrivances, there are some cases which will perfectly defeat all efforts, and unless something more effective is devised, there will be deformity.

In this case, an apparatus has been made which may be called an inter-dental splint, as it is placed between the dental arches of the upper and lower jaw. It consists of two pieces of hard rubber, slightly grooved, one placed inside of the other, and the two united by screws. The two fragments are placed in the lower groove, and the screws are then tightened. If there be a tooth removed, a tube can be inserted, through which food may be drawn.

The apparatus was placed upon the fragments, which were brought into line, the upper teeth being lodged in the upper groove, between the two plates, and the lower in the groove below. The jaws were then bound together by a BARTON dressing.

The rubber not being acted upon by the secretions from the mouth, does not become offensive.

Vulcanized rubber makes a much neater support for the jaw than any other preparation. By heating, it can be moulded into any shape desired, and adapted to the surface much more accurately than binder's board can be. It also makes admirable light splints for the arm and shoulder, holes being cut into it, where there is a compound fracture, to allow washing of the parts and drainage.

Compound Fracture of Tibia.

Drayman, æt. 27. He was brought into the hospital on Wednesday night. While upon his dray, his horse kicked him upon the front part of the leg, a little below the knee, directly over the spine of the tibia. When he entered the hospital, there was an opening in the front of the leg, welling out blood, and a great deal of discoloration and ecchymosis in the surrounding parts. On examination, it was found that the tibia was fractured, the fibula, however, perfectly sound. This case is not simply a fracture of the tibia, but there is an external wound, which communicates with the fracture, thus constituting compound fracture. The mere presence of this external wound changes the whole character of the injury, rendering its treatment necessarily more prolonged, and making it more liable to complications in the course of the cure—the difference being more than equivalent to that between a subcutaneous cut and one made through the skin. A compound fracture is of serious import, because the patient must expect to go through a long process of suppuration, liable to risks of pyæmia, erysipelas, and necrosis. If his habits are good, as in this case, still a favorable prognosis may be given.

In treatment, the limb is to be placed on a pillow, in a fracture-box with sides, and leadwater

and laudanum applied, covered with oiled silk, just precisely as would be done in a simple fracture of one or both bones. If the wound be a small one, try to convert the compound fracture into a simple one, by closing it with adhesive plaster, or collodion and gauze. It is well always to attempt this conversion, which will also stop any bleeding which may be taking place.

As soon as suppuration commences, which will probably be in two or three days, the bran dressing will be used. This dressing, which is peculiar to this hospital, was introduced by Dr. BARTON. The bran is spread in the ordinary fracture-box, forming a bed upon which the limb is placed, and then surrounded and covered with it. It absorbs the discharges from the wound, can be made to compress the limb with more accuracy than any roller, prevents the extension of pus into the cellular tissue between the muscles, and keeps the air pure in the neighborhood of the patient.

Detachment of Tendon of Patella.

There was no fracture of the patella in this patient, but the tendon was detached from the lower portion of the bone. He has been in the ordinary dressing for about six weeks, and is now able to move about very well. In order to give the limb proper support, it is encased in a lace splint, which consists of buckram stiffened with whalebone, extending four inches above and below the knee, with a little opening in front, firmly bound by shamois, through which the patella projects. The advantage of a dressing of this kind, even in fracture of the patella, is that it allows the connective tissue to continue to contract by the support it gives. Although the gap may be one-fourth or one-half of an inch, it will be considerably diminished, if this support to the fragments be worn persistently.

Incised Wound of the Neck.

This colored woman, some time ago, received an extensive wound of the neck, commencing at the sterno-cleido mastoid of the right side, and passing as far as the median line, at the hands of her husband, who seized her by the hair and then drew a razor across the throat. It extends through the sterno-cleido-mastoid muscle down to the cricoid cartilage, not involving any of the great bloodvessels.

Wounds of this character are usually between the hyoid bone and thyroid cartilage, or between the thyroid and cricoid. It is not often they are inflicted below the cricoid cartilage. Persons attempting suicide, by a fortunate ignorance, think that the vessels are more readily reached above, where they are protected by the prominence of the larynx. The vessels most frequently cut are the superior thyroid. When the cut is made below the hyoid bone, it opens the pharynx, and if very deep, may divide the epiglottis cartilage. When it goes through or below the thyroid, it will enter the larynx. If it be below the cricoid, then the trachea and, almost necessarily, the large bloodvessels will be involved.

In this case, merely the superficial and deep fasciæ and the sterno cleido-mastoid are injured. The profession is by no means agreed as to the propriety of sutures. In all cases where the in-

cision does not extend deeper than the deep fasciæ, there is no difference of opinion. In this case, sutures have been inserted, and the union has taken place nicely in its entire extent, and the lead sutures may now be removed.

When the wound passes through the larynx or trachea, in part or entirely, it is alleged that sutures can do no good, as the movement of the larynx and trachea in every act of deglutition disarranges them, and they ulcerate through. The truthfulness of this account is by no means established. Sutures can be successfully introduced by putting one set through the perichondrium, or fibrous tissue of the cartilage, uniting them, and then using another set to approximate the soft parts or skin. If the first set are not placed sufficiently deep to include the mucous membrane, what harm can result?

The chin should be brought down toward the sternum, so as to keep the lips of the wound in position. This can be accomplished by attaching a night-cap to a circular bandage around the chest, with lateral slips. The patient should be allowed no more food than is just necessary to keep soul and body together, for a few days. After that, it may be introduced with more facility. It is frequently necessary to introduce an œsophageal tube to pour liquid aliment into the stomach.

When a large portion of the epiglottis is severed, it is better to cut it off, as it only wobbles about, and may, by falling into the larynx, threaten suffocation.

The stitches were removed, and several pieces of adhesive plaster substituted.

JEFFERSON MEDICAL COLLEGE, }
April 4th, 1866.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Case of Long-Continued Presence of Foreign Substances.

Mrs. W—, thirty-eight years of age. Three years ago a piece of glass from a broken bottle entered the hand on the inner side of the ball of the thumb, where it has remained ever since. The scar is of an indurated character. Such a substance as this is never absorbed, and its presence sometimes excites the most violent neuralgic pains, and is even liable to produce tetanus. The indication is, therefore, to remove it promptly.

Quite a large piece of glass was extracted, after considerable difficulty in trying to seize it, owing to the firm manner in which it was imbedded.

Case of Sebaceous Tumor.

George W—, seven years of age. He has a tumor, situated on the right cheek, just outside of and below the external canthus of the eye. It is apparently immediately beneath the skin, movable and, though quite hard, has a semi-elastic feel. He does not complain of any pain in it. The integument is perhaps a little more red over its outer surface than over the parts around. The mother states that the swelling was first noticed eight months ago. The history of the tumor, its consistence, its situation just beneath the skin, its mobility, and the appearance of the integument,

show it to be sebaceous. There is another little tumor of the same character over the upper part of the sternum.

The sebaceous tumor is originally formed in the skin, but it gradually pushes itself beneath it. It is produced by the closing of a sebaceous crypt or follicle, the secretion of which thus retained, acts as an irritant to the wall of the crypt, which becomes gradually hypertrophied, until at last a tumor is formed, sometimes of the dimensions of a pullet's egg, or even of an orange. The contents of this encysted tumor resembles spoiled mutton, suet, or tallow, and are nothing but the natural secretion of the gland, altered in character. The proper remedy is extraction, and unless every particle of the cyst is removed the operation will be in vain, as there will be a reproduction of it. These tumors never assume malignant action. The fibroid degeneration is one of the most frequent forms which they undergo.

An incision was made across the tumor on the cheek in a horizontal direction, so as to bring the line of the scar in correspondence with the natural rugae of the part. The contents of the cyst were turned out, and it was then carefully dissected from the surrounding structures, with which it was firmly connected.

Case of Strabismus.

Mary F—, forty years of age. Convergent strabismus of both eyes. She was operated upon many years ago by Dr. CROSSMAN, an itinerant operator, who traveled through the country soon after the operation was first performed by DIEFFENBACH, of Berlin.

The internal straight muscle of the right eye, the worse one, was divided, and the operation upon the left, which may not be necessary, postponed for a week.

Case of Necrosis of the Thigh Bone.

John M—, twenty-seven years of age. He has been a sailor for seven years. The right thigh was run over by a car five years ago; swelling ensued, an abscess formed, and a portion of the bone died. There are two openings, about three and a half inches apart on the inner side of the thigh, nearly over the course of the femoral artery. The probe introduced through either comes in contact with a rough surface, upon which it grates, showing the presence of dead bone. One opening is surrounded by a sort of nipple-shaped body, produced by granulations. At the other this formation is not so distinct. This nipple-shaped appearance around an opening, lasting for any considerable space of time, is characteristic of necrosis or caries. Operations for necrosis at the lower portion of the femur are dangerous, especially when the dead bone points behind in the popliteal region, because of the liability to hemorrhage, primary and secondary, which has been fatal.

The patient having been placed under the influence of chloroform, the openings were laid into one by an incision connecting them, and the soft structures dissected off from the new bone, the gouge being used for this purpose as preferable to the knife. The parts were pretty vascular, and bled freely, as the vessels could not readily contract, owing to the indurated character of the

surrounding structures, in consequence of the deposit of lymph. The dead bone being removed, the edges of the openings were trimmed off, their whole track being incrustated with a semi-organized matter, which, if allowed to remain, would interfere with the reparatory process. The debris was thoroughly washed away by a stream of water thrown from a large syringe. Three little pieces of bone were removed, consisting mainly of the compact structure of the femur. The edges of the wound were brought together by one suture and a few strips of adhesive plaster, carried two-thirds of the way around the limb. An oiled compress will be placed over this, and confined with a few adhesive strips. The parts will be allowed to remain in this condition for about three days; then the wound will be injected with a weak solution of permanganate of potassa or chlorinated soda, partly as a stimulant and partly to promote cleanliness.

Case of Torticollis.

Alfred B—, aged nineteen. He has been affected in this way ever since he can remember. The distortion which he presents in so marked a manner is the result of the contracted condition of the right sterno-cleido-mastoid muscle. The head is held forward, and there is quite a prominence behind, formed by the cervical vertebræ. The head is drawn by the contracted muscle over to the right side while the chin is inclined to the left. The tense, rigid condition of the affected muscle can be both seen and felt. It has undergone some pathological changes and been converted into a sort of fibroid tissue. In order to liberate the head and neck from their constrained position it is necessary to divide the sterno-cleido-mastoid muscle subcutaneously.

The operation was performed by inserting a tenotome behind the affected muscle and dividing it from behind forward about an inch above the sternum. The head was then readily restored to its natural position. It will probably not be necessary to use any apparatus whatever.

LONG ISLAND COLLEGE AND HOSPITAL, } Session, 1866. }

CLINIC OF PROFESSOR E. N. CHAPMAN.

Reported by Alex. J. C. Skene, M. D., Clinical Assistant to the Chair of Obstetrics.

Menstrual Derangements.

Scanty Menstruation and Anæmia. History.—Ellen F—, aged 16 years; sewing girl; was quite healthy and strong until two years ago, when she began to suffer from debility, and occasional headache and dizziness. These symptoms continuing, she became constipated, and her appetite failed. For about the last six months she has also had dyspnoea, and palpitation of the heart on taking active exercise; and for a short time she has had œdema of the face and legs. The menses appeared first at fourteen years of age, and have continued regular in recurrence, but the flow is scanty and light-colored.

Present condition, March 8th. The patient has a tolerable amount of flesh, with a delicate, but not unhealthy appearance. The eyes are bright and glassy-looking, and she changes color

frequently during the examination, becoming flushed and pale alternately.

The pulse is rapid, thready and compressible, and she complains of a sense of weakness and pain in the gastric and cardiac regions.

Treatment. Prescribed as a laxative.

R. Ext. sennæ,	f. ʒij.
Syr. rhei ar.,	f. ʒiiss.
Tinct. rhei,	f. ʒss. M.

Sg. Two teaspoonfuls at bed-time, and the same in the morning, if necessary. Gave as a tonic.

R. Ferri pyrophosphatis,	ʒiss.
Tinc. columbæ,	
Aquæ font.,	āā f. ʒiiss. M.

Sg. A teaspoonful three times a day, half an hour before meals. Ordered good nutritious food, and light exercise in the open air.

Progress of the case, March 21st. The appetite is improving, and the bowels are more regular. Continued the same treatment.

March 29th. Improving; continued the laxative, and ordered

R. Tinct. ferri chlor.,	f. ʒij.
Chinchoniæ sulph.,	gr. xv.
Syr. simp.,	f. ʒj.
Aquæ font.,	f. ʒij. M.

Sg. A teaspoonful in water, three times a day, before meals.

She continued to take the first and second tonic prescribed alternately, until April the 24th, when she reported that her menses were normal in color, quantity and duration. All of her former symptoms had disappeared, and she had a full pulse, and a good—almost a florid color of the face. Dismissed cured.

Commentary. This case illustrates, very well, the clinical history and symptoms of amenorrhœa when attended with anæmia. Confinement in close crowded rooms, as was the case with this patient, impairs digestion and assimilation, and impoverishes the blood. The red corpuscles, failing to obtain the required supply of iron from the blood, become deficient in their essential proximate principle hæmatine, and the albuminous constituents of the liquor sanguinis are diminished from the same cause; in other words, anæmia is produced. This condition of the blood lowers all the vital powers. The uterine function is especially liable to suffer. Menstruation is a sign of perfect health, and is rarely performed normally, excepting when the general system is in a sound condition. This knowledge of the causation of the patient's affection shows plainly that the object to be attained by treatment is the restoration of the blood to its normal condition by supplying the deficient constituents. To accomplish this, it is necessary, in the first place, to improve digestion, because remedies of a restorative character can only reach the blood by that process. With that view the bitter tonics and laxatives were given; the one to stimulate the stomach to increased action, and the other to keep the bowels regular. By taking these means of regulating the digestive organs, we are more sure that the iron given will be assimilated. Iron is the great remedy for anæmia, but to get its effects we must make sure that it enters the circulation, which it

cannot do, any more than the nutritive elements of the food, when there is indigestion.

The pyrophosphate of iron, given in this case, is, of all the chalybeates, the best for anæmic females suffering from menstrual derangements. It is pleasant to take, and readily absorbed; and in addition to its restorative effects as a hæmatic, it is a peculiar nerve-tonic. It contains phosphoric acid, which is set free in the blood, and stimulates the nerve-centers.

Emansio Mensium.

History. Mary L—, aged 16½ years; had always enjoyed fair health, but never was very robust. About one year ago she began to suffer from general debility, loss of appetite, weakness of the back, and lassitude. In addition to these symptoms she had, recently, occasional attacks of vertigo and palpitation of the heart, with coldness of the hands and feet.

Present condition, May 1st. She has never menstruated. Her pulse is feeble, and she has a spare, anæmic appearance. The bowels are regular, but the appetite is poor.

There are no signs or symptoms of organic disease of any kind.

Treatment. Ordered her to have good food, with out-of-door life. Prescribed

R. Ferri pyrophosphatis,	ʒiss.
Tinct. columbæ,	f. ʒss.
Aquæ font.,	f. ʒij. M.

Sg. A teaspoonful, three times a day, before meals.

Progress of the case. She continued under treatment until the fourth of June, at which time her general health and strength had gradually improved, and her former symptoms had mostly disappeared. The tonic treatment was continued. As she had a well-marked menstrual molimina first of the this month, it is fair to presume that the menses appeared subsequently.

Commentary. There are many causes for the non-appearance of the menses at the usual time; the one present in this case is among the most common, viz., anæmia.

Close confinement, hard work and poor food, so impair the general health, that the system is unable to establish menstruation. The popular idea is, that the non-appearance of the menses is the cause of the ill health. Hence, we are often asked to bring them, on under the delusive expectation of our patients that they will then be well, but in this case, and mostly, in all such, the order of cause and effect is reversed. It is a sad blunder when the physician adopts—as is too often the case—the popular notion, and prescribes emenagogues. His labor is ever in vain, and the patient cannot but be worse for such medication. The object of treatment certainly is to restore the patient's general health, and when that is accomplished, the uterine function, as a rule, will be established.

Amenorrhœa Caused by Exposure to Cold.

History. Kate F—, aged 25 years; married three months. Was always healthy, and menstruated normally, until about one week ago, when it was time for her to be unwell, but she failed to be so. She states that at that time she was wash-

ing, and, exposing herself, took cold. She has not felt so strong and active as formerly.

Present condition, April 7th. She has a rather pale appearance, but no other symptoms of ill health, excepting an intense neuralgic pain in her breasts. This pain brought her to the clinic for relief.

Treatment. Prescribed

R. Lin. saponis,	f.℥iij.	
Tinct. acniti,	—	
Tinct. opii,	āā f.℥ij.	M.

Sg. Apply thoroughly to the breasts, several times a day.

Progress of the case, March 14th. The pain in the breasts is much less severe. Her menses came on two weeks after the proper time, and were natural in color and character, but were very scanty. She complained of pain in the small of the back, and was constipated. Her tongue was coated, and she had a slightly jaundiced appearance. Prescribed,

R. Resinæ jalapæ,	gr. iss.	
Hydrarg. chloride mit.,	gr. ij.	
Ext. colocynth comp.,	gr. vi.	
Pulv. gambôgiæ,	gr. i.	
Potassæ carb.,	gr. i.	
Ol. anisi,	gtt. i.	
Ext. zingib.—fluid,	q. s.	M.

Ut fiant pil No. iij. Sg. Taken at bed-time.

The pills were followed by a tonic, of the pyrophosphate of iron and the tincture of colombar, given in a previous case.

March 28th. Patient states that she feels as well as she ever did. Dismissed, with instructions to return if her menses did not prove to be natural, and her health good.

Commentary. In this case it was very difficult—indeed impossible—to make a positive diagnosis at first; fortunately, it was not necessary to be absolutely sure of the nature of the trouble in order to institute treatment. The question was whether the arrest of the menses was due to pregnancy, or exposure to cold. As there were no signs of pregnancy, barring the suppressed menses, it was presumed that no such physiological obstruction existed. To be on the safe side, however, it was considered best to relieve her most urgent symptoms, and wait for developments.

After a short time the only ground for suspecting pregnancy was removed, by the menses appearing, and the diagnosis was cleared up. The cause in this case is one which frequently gives rise to amenorrhœa, which, if allowed to continue, soon undermines the general health. While it is confessed that debility and anæmia often originate menstrual derangements, it must be allowed that the suppression of the menses as certainly produce anæmia. The treatment employed was with the view to relieve pain, and promote the general health. Had the case been seen when exposure checked the menses, it would have been necessary to use means to bring on the discharge. The best of these are DOVER's powder, with camphor, rest in bed, warm foot-bath, and the free use of warm drinks. When these means fail, or when, as in this case, the patient is not seen until the time for menstruating has passed, it is best to

attend to the general health, remove constitutional symptoms, and wait for the next period, at which time most usually the menses will return.

Menorrhagia from Plethora.

History. Mary C—, aged 16 years; has always been healthy and strong. She has lived out of doors a great part of the time, and worked hard. She came to this country, from England, five months ago; and when about to undertake the voyage her menses came on, and were natural in every respect, as they had always been since their first accession. But they did not return after the above date until six weeks ago, when they came on copiously. Since then they have continued profuse and clotted, and there has been slight abatement in the amount of discharge.

Present condition, March 29th. Patient complains of headache, vertigo, and ocular spectra; feels dull and heavy, and has a slight pain in the back, and a sense of fullness in the pelvis. She is rather fleshy, has a remarkably florid countenance, and a slow, full pulse. Her bowels are constipated, and her tongue is coated.

Treatment. Ordered,

R. Magnesia sulph.,	℥ij.
Potassæ bitart.,	℥i.
Aquæ font.,	℔ij. M.

Sg. To be taken in wineglassful doses, sufficiently often to move the bowels two or three times a day.

She was also ordered a vegetable diet, interdicted the use of animal food, and directed to give up the use of beer, which she had been in the habit of using.

Progress of the case, April 3d. The menorrhagia has stopped, and she feels much better.

Continued the treatment, with a more nutritious diet. In a month her health was perfectly restored.

Commentary. This case is of interest, as it illustrates two very important forms of menstrual derangement; suppression of the menses, and menorrhagia. Coming on in this order, shows the clinical fact that the one is liable to follow the other, and that each exists, and is perpetuated by a similar state of the system. It is by no means uncommon to have menorrhagia following suppression in a plethoric habit; and this suppression is very liable to occur in such subjects during a sea-voyage. From the number of newly arrived females who come to this clinic, suffering from suppressio mensium, it is evident that crossing the ocean is an important exciting cause of this disorder, but in what manner it produces this result it is difficult, if not impossible, to explain. The predisposing cause of this patient's troubles was evidently plethora. We can readily imagine how plethora would originate menorrhagia. It appears as if the system was endeavoring to relieve itself of an excess of blood by a process similar to a hemorrhage, but it is not so clear how plethora would favor the arrest of the menses, nevertheless such is the fact. There is another important point regarding menstrual derangements, which is, that amenorrhagia and menorrhagia also arise from a state of the system the opposite of plethora, viz., anæmia. This

singular fact clearly shows how important it is to take due notice of the state of the general health when employing treatment for the functional disorders of the uterus, and how unsatisfactory our medication must be if directed solely by the name of the disease or its symptoms. The treatment should be based on the constitutional condition of the patient; hence the same course of medication is often called for in amenorrhagia and menorrhagia. In either case, correct any existing disorder of the digestive organs, and restore the blood to its normal condition. If the blood is too rich it should be reduced by low diet, and medicines, such as saline and hydragogue cathartics, which by their action reduce the amount of liquor sanguinis. When anæmia is present, supply the want of hæmatine and the albumenous constituents by chalybeate tonics and good nutritious food. By restoring, in this way, the general health, the menses, if absent, will appear, and if too free, will become natural in amount.

Menorrhagia, with Anæmia.

History. Ellen D—, aged 35 years, is married; has had three children, but no miscarriages. Her menses were regular and natural until three months ago, but since then they have come on twice a month quite freely, and have lasted about ten days at a time.

The discharge is natural in quality and color, and has not contained clots of blood, but it is attended with pain in the back, of a dull aching character, and is very free. She has had free leucorrhœa before, and after the menstrual flow, but not in the interval.

Present condition. The patient is very much debilitated, and has a well-marked anæmic appearance. Her appetite is poor, and her bowels rather constipated.

Treatment. Ordered a good nutritious diet, laxative pills to keep the bowels regular, and the following tonic:

R. Ferri pyrophosphatis,	ʒiiss.
Tinct. colombee	f.ʒss.
Aquæ font.,	f.ʒijss. M.

Sg. Two teaspoonfuls before meals, in water. She was also ordered to keep quiet, and avoid stimulating food and drinks while menstruating. This patient did not return.

Commentary. In the majority of patients who have presented themselves at the clinic with menstrual derangements arising from anæmia, the disease has been amenorrhœa, but in this case we have the opposite condition. The cause appears to be the impoverishment of the blood, which favors stasis in the uterus during the act of menstruation. In normal menstruation the weight of the uterus is nearly doubled by the accension of blood to its tissues, and then by the tonicity of the parts, the blood is forced out, and the organ regains its normal size at the completion of the period; but in a case like this, from lack of tonicity, the uterus remains engorged, and the blood leaks away passively, producing menorrhagia. In treating the case, the indications to be fulfilled were, to restore the blood to the normal condition, and by that means increase the power of the nervous and vascular systems, and then the menstrual disorder will disappear.

EDITORIAL DEPARTMENT.

Periscope.

Disconnection of the Incus and Stapes; its effects upon Hearing, etc.

Dr. TOYNBEE, at a recent meeting of the *Royal Med. and Chirurg. Society*, presented his eighth series of observations on the diseases of the Ear. We condense an abstract of the paper from the *Brit. Med. Journal*.

The tensor tympani ligament keeps the membrana tympani and the chain of bones in a naturally resilient state. The function of the chain of bones is twofold; 1, to transmit sonorous vibrations from the drum to the expansions of the auditory nerve; 2, to act as the analogue of the iris in the eye, by adapting the labyrinth for the reception of sonorous vibrations having varying degrees of intensity. In proof of the first named function stand the experiments of SISSAGOUS and DESSAINS, by which faint undulating lines were produced by a slender style, attached to the base of the stapes during the vibration of the drum by sonorous undulations. In proof of the second function of the drum, the fact was cited that, during the act of listening, the stapedius muscle relaxes the membrana tympani, and the membrane of the fenestra rotunda; on the contrary when a loud sound is expected, the tensor tympani muscle draws tense the membrana tympani, and the membrane of the fenestra rotunda.

The *pathological* conditions alluded to in Dr. TOYNBEE's paper were: 1, simple disconnection of the incus and stapes; 2, disconnection of the incus and stapes, the long process of the incus being absent.

1. Simple disconnection of the stapes and incus, if attended with no other lesion, is not productive of any appreciable deafness, inasmuch as the tensor tympani ligament is able to keep the two bones in contact, and the action of the tympanic muscles is not interfered with. But if the membrana tympani or its ligament, be relaxed, in addition to the disconnection of the stapes and incus, then the function of hearing is interfered with, and often only to this extent, that the patient can hear only when the voluntary act of listening is performed; that is to say, when by voluntary muscular effort the incus is held in contact with the stapes. In this class of cases, gentle pressure on the outer surface of the drum by any resolvable body, restores the natural power of hearing, and the distress produced by the necessity of constant listening is quite overcome.

2. But if the membrana tympani, or its ligament, be much relaxed, then no voluntary effort can bring the stapes and incus into contact, and great deafness is the result. This deafness is also remedied by the application of an artificial membrana tympani, which, gently pressing upon the outer part of the chain of bones, keeps the incus and stapes in contact.

3. This disconnection of the incus and stapes also occurs in conjunction with partial or complete loss of the long process of the incus, the membrana

tympani being entire. The treatment in this class of cases consists in pressing inward the membrana tympani, so as to place its inner surface in contact with the head of the stapes, and to retain the two structures in contact.

The lesions referred to also take place when the membrana tympani is perforated. When there is disconnection of the incus and stapes, together with a thickening of the mucous membrane, or the ligaments of the articulation, the treatment consists in keeping up gentle pressure upon the outer surface of the long process of the incus; when the long process of the incus is absent the pressure must be upon the head of the stapes. In order to exercise gentle pressure upon the ossicles, and still to allow the muscles to move the ossicles, the author has recently suggested a new kind of artificial drum, in the shape of a small globule of India rubber containing air.

Atmospheric Conditions Influencing the Prevalence of Typhus,

is the title of a paper by Dr. T. W. GRIMSHAW, published in the *Dublin Quarterly*. From carefully conducted observations, registered in a diagram which accompanies the paper, the author concludes:

1. That an increase in the moisture of the atmosphere favors an increase in typhus, and *vice versa*.

2. That an increase of temperature favors an increase of typhus, and *vice versa*.

3. That the two previous conditions combined are most favorable to an increase in typhus, and *vice versa*.

4. That when cold and moisture combine, the former tends to diminish the influence of the latter.

Poisoning by Carbonic Oxide; Successful Transfusion of Blood.

Dr. A. S. MELDON reports, according to the *Medical Press and Circular*, an interesting case as having lately occurred in Berlin. A young man was found apparently lifeless on the floor of his apartment. Dr. BADT was immediately in attendance, and declared it to be a case of poisoning by carbonic oxide gas. He had the body at once removed to a spacious room, having free access of air. Artificial respiration was had recourse to, and every effort made, both by Dr. BADT and Dr. SACHS, to resuscitate the man. At first there seemed but little hope; but gradually a return of the natural respiration, accompanied by a feeble pulse, were perceived. The patient improved, and there seemed every prospect of recovery. Toward two o'clock, however, the pulse became almost imperceptible, the respiration became slow and short, and all the symptoms of approaching death began to develop themselves. As the last resource, Dr. BADT proposed transfusion. Professor MARTIN consented to operate, and introduced a previously well-warmed tube into the median vein, and slowly injected blood. The results were extraordinary; the pulse increased in strength, the respiration became deeper, the eyes immediately opened; the cheeks, before of a ghastly paleness, reddened, and in a

few minutes the patient was able to swallow a little water. Nevertheless, he lay in an almost unconscious state until midnight. The next morning, however, he was so far recovered as to be pronounced out of danger. The blood was taken from his brother, as well as from a Commissionaire. Cases of poisoning by carbonic oxide are of frequent occurrence in almost every part of Prussia, owing to carelessness in shutting the valve of the stove, by which the gas generated by the burning wood or coal is unable to escape.

Hydrocele.

Dr. H. ROGERS, of Dunkirk, N. Y., reports in the *Buffalo Medical and Surgical Journal* a case of radical cure of hydrocele by means of injection of a solution of *ammonia ferric alum*, in the proportion of ten grains to the ounce of water, retaining it for several minutes. The case had previously resisted injections of iodine, port wine, and excision of part of the tunica vaginalis. Dr. ROGERS regards emptying the sac several days previously to introducing the injection, thus giving the distended parts time to contract well, in which condition the remedial agent acts with more efficiency, as an important element of success in operations for radical cure by injections.

Reviews and Book Notices.

On Foreign Bodies in the Ear; With a Bibliography and a Condensed Statement of the Present Condition of Aural Surgery. By LAWRENCE TURNBULL, M. D., Aural Surgeon to Howard Hospital, etc., Philadelphia. Extracted from the Transactions of the American Medical Association. 1865. Pp. 23.

So few give especial attention to affections of the ear, that there is great convenience in having a list of authors to refer to about them. We regard this as the most valuable part of Dr. TURNBULL's paper. His observations, however, upon the removal of foreign bodies from the ear, are interesting; the preference being given to the syringe, as an instrument, with the occasional aid of a delicate bent wire. Dr. TURNBULL's retrospect of the advancement of aural surgery during the last eleven years is rather too brief to be satisfactory. Thus, while TOYNBEE is said to have made known the "double function of the chain of bones," we are not told anything of the nature of that function. Of the nature and pathology of the Eustachean tube, it is also stated, "much has been discovered;" but of its physiology, all that is mentioned is, that it ought to be open only during the act of swallowing. The authority and evidence of this should have been stated, as it has in itself great improbability.

The inspection of the external meatus and membrana tympani is considered to be best made

by using WILDE's modification of GRUBER's conical speculum, with the glass reflector of TRÖLTSCHE and a lamp. In conclusion, the words of a member of the New Sydenham Society are quoted, to the effect that "this branch of surgery has now been raised to the dignity of a true scientific study."

Why Not? A Book for Every Woman. The Prize Essay to which the American Medical Association awarded the Gold Medal for 1865. By HORATIO ROBINSON STORER, M. D., of Boston, Professor of Obstetrics, etc., in Berkshire Medical College, etc., etc. Boston: LEE & SHEPARD. 1866. 18mo. Pp. 91.

Considering the *ad captandum* style and title of this volume to be redeemed by the authorization of the American Medical Association, officially given, we have read it carefully. It deserves the approval awarded it, as a well-prepared and well-written thesis upon its subject; and it may do good. Certainly thousands of people, otherwise well educated, do *not* realize, if they know at all, that human life begins with conception; that all measures to produce abortion, except by instrumentation, are uncertain, and that all are dangerous, not only to life, but to health, if survived.

We have only to regret that in a few instances the earnestness of the author leads him to speak in a tone almost of exaggeration, which in this, as in *every* case, must so far weaken the cause upheld. So, one or two unnecessary assertions or allusions are made; as, on p. 61, the statement, which seems to us unwarrantably strong, that "the prevention of pregnancy, by whatever means it be sought," except refraining from intercourse or restricting it to a portion of the menstrual interval, "brings both parties down to all the evils and dangers, mental and physical, of self-abuse." The comparison was here not needed, and the parallelism is not complete. Enough to pronounce that sexual congress can only be healthy when it is perfectly natural. The degrees of injury depend upon the amount of deviation from physiological laws, and this is not the same in the two cases cited, if the terms are employed in their most accustomed sense.

Again, it is too much to say that (p. 80) in the married state "total abstinence may, as far as the health is concerned, be as injurious as is the other extreme of excessive indulgence." We believe that perfect health may be found in both sexes to be compatible with absolute continence, in the married, quite as well as the single state. The infrequency of such an occurrence does not prove its impossibility.

More still, we regret that Dr. STORER should have suggested a comparison on the ground of ethics, between a resort to prostitution by a husband to avoid pregnancy at home, and the intentional causing of abortion to escape it (p. 76.) There is no advantage to be gained from such a comparison. The tendency in the reader's mind must naturally be to have his objection to the one kind of immorality lessened, by its being regarded as preferable to another, while his estimate of the latter depends upon other evidence, and is not thus aided. We do not understand Dr. STORER as advocating the *tolerance* of prostitution, although he admits it as inevitable. To pronounce, and give any arguments, in its favor, would, it seems to us, do almost as much toward unsettling public and private morals, and even health, as the condemnation of forced abortion can promote them.

Lastly, since there are degrees in the crime even of murder, we doubt the judiciousness of an appeal to the moral sense in just such language as that quoted by our author from a previous work of his own (p. 79); where "wholesale murders, far out-Heroding BURKE and HARE," are named in the same breath with that which, criminal and injurious as it is, has often been the sin of ignorance, untinged with malice, in those quite incapable of grosser crime.

In a word, the exact truth, without any coloring, tells always best in the end. So much of this is put forth, well expressed, in this Essay, that we wish and hope for it an extended circulation and many readers.

Cholera: Its Characteristics, History, Treatment, Geographical Distribution, Sanitary Prevention, etc. Illustrated with Lithographic Map and Microscopic Drawings. Reprinted, with additions, from the *Cincinnati Journal of Medicine*. By WILLIAM B. FLETCHER, M. D. Cincinnati: R. CLARKE & Co. 1866.

All views, as well as facts, concerning epidemic cholera are now being thoroughly debated, without, as yet, unanimous agreement in the profession upon even the most fundamental points. Part of this discordance no doubt is due to different modes of using *terms*. We find in Dr. FLETCHER's brochure an interesting compilation, which, however, adds very little to what has become of late the common stock of medical knowledge upon the subject. Constituting, as it does, a very creditable article for a medical journal, its reprint was naturally suggested by the desire to extend still further the knowledge contained in it, in anticipation of the probable visit—still probable, although *delayed*—of the pestilence.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, JULY 21, 1866.

REUBEN DIMOND MUSSEY, M. D., LL.D.

Among the great and good men of our profession, the name of Dr. Mussey has for a long time occupied an eminent position, though for several years past, he has, by reason of age and infirmity been somewhat withdrawn from the more active duties of his profession.

Dr. Mussey was gathered unto his fathers at the city of Boston on the 21st of June, ultimo, at the ripe age of eighty-six years and two days. Only about five weeks previously, the venerable man had been called upon to part with his wife, who died, at the age of seventy-six years, on the 14th of May.

Dr. Mussey was born in New Hampshire, Rockingham county, Pelham Township, on the 23d of June 1780. For an extended biographical sketch of him, his early trials, his perseverance, his triumphs, with a record of his labors, and a list of his publications, see the NEW-JERSEY MEDICAL REPORTER, vol. vii. p. 510. This notice must be regarded as a *post scriptum* to that, the two forming a complete, though brief record.

The *Cincinnati Gazette* says of him:—"Eminent as a man of science, and of remarkable skill as a physician and surgeon, he added to his intellectual and professional acquirements the noblest qualities of the heart.

The record of his career is full of interest to medical men, and his triumphs over obstacles of no ordinary magnitude, are inspiring to all who are striving for success in any honorable calling.

Any account of Dr. Mussey's life which omitted a reference to his characteristics as a reformer and Christian, would be incomplete. He was early a laborer in the temperance cause, and applied the same principles which induced him to discourage the use of wines and spirits, to articles of diet. For a long period he drank nothing but water and abstained from animal food. Those who most differed from him on this subject could not but respect the sincerity and high sense of right which guided him.

A zealous member of the church, his religion exhibited itself as much in practice as in belief. He was literally full of good works. He gave liberally, but unostentatiously, to every good object, and offered his services gratuitously to those who needed, but could not pay for them.

His memory will long be cherished in thousands of grateful hearts, to whom he was endeared as the faithful friend and counsellor as well as the beloved physician.

Hon. E. D. MANSFIELD, in a notice of him in the *Christian Herald*, of Cincinnati, says that

both in the Church and in the Profession of Medicine, Dr. Mussey's name was

—"clarum et venerabile nomen."

"He had lived to what men called a good old age, and like a shock of corn, full of golden grain, was gathered to the harvest of his Lord and Master. There was no more doubt about what his true character was, than about one of the patriarchs. There are, no doubt, many persons, who think such a character as that of Dr. Mussey, ascetic, austere, or narrow,—because no real Christian lives of whom some persons will not think this. If it were not so, there would be no difference between the Christian and the man of the world; but those who knew Dr. Mussey, and especially Christians, could find nothing in him which seemed ascetic or severe. On the contrary, he seemed naturally an amiable man, and one who possessed great mildness of disposition, and kindly affections.

Dr. Mussey was, in every sense, a religious man. He was one of the few men who seemed to *carry their religion about them*. He acted on the idea, that the life of a Christian must conform to his theory. He must do unto others what he would have others do unto him, and live unspotted from the world. So he did live, so far as human eyes could see. * * * Pure—consistent—peaceful—Mussey lived and died. A soldier of the Cross, he fought the good fight of faith, and will receive the crown.

* * * * He was a strong temperance man, and in that showed not only the wisdom of the Scriptures, but the wisdom of practical life; for the statistics of civilization show that the jail, the hospital and the grave are filled with countless hosts of those who are destroyed by the curse of Intemperance. Both as a soldier of the Cross, and as the friend of man, Dr. Mussey was the unyielding advocate of Temperance. Whether on this account, or from some peculiar views of physiology, Dr. Mussey was a vegetarian, and practised what he preached.

Whether there, or in Ohio, or in Boston,—in private practice, or in Medical Colleges,—the habits of industry, economy, and perseverance, with which he began, never left him. With these he had a quality, which is very rare; but which, in popular phrase, pays well, and marks an original mind. This is, never to lose the opportunity of acquiring a new idea or a new fact. This is an unusual, but very valuable quality, and one which marks a vigorous intellect, as well as sagacious instincts.

The Cincinnati Academy of Medicine, says of him:

"As a lecturer, he was clear and concise, and in all that constitutes a good teacher, he was among the best. He was eminently a truthful and honest man. His name has been historic for near half a century, and his fame as one of the greatest surgeons of the age is co-extensive with the march of medical science throughout civilization. And having been the first President of the Academy, be it

Resolved, That in the death of Dr. R. D. Mussey the profession has lost a good and great

man, who reflected honor on it by his scientific operations and the uprightness and purity of his life.

Our record of this great and good man must close with the following account of a meeting of the medical profession of Cincinnati, which has been sent us for publication.

A meeting of the medical profession of Cincinnati was held at the Medical College of Ohio, June 29, 1866.

Dr. GEORGE C. BLACKMAN stated that the object of the meeting was to express the deep-felt sentiments of the profession of this city, in reference to the life and character of the late REUBEN D. MUSSEY: whereupon Dr. DAVID JUDKINS was elected President, and Dr. SAMUEL SEXTON, Secretary of the meeting.

On motion, a Committee of five, consisting of Drs. John A. Murphy, George C. Blackman, M. B. Wright, John Davis, and Jesse P. Judkins, were appointed to prepare a preamble and resolutions, expressive of the sense of the meeting. The following were then presented and adopted:

"WHEREAS, In the providence of God our distinguished friend and brother, Dr. R. D. MUSSEY, has been removed to another world, we express our deep sense of sorrow. For more than fifty years he was a successful surgeon and physician, and a benefactor to humanity. He added greatly to the progress of the art and science of medicine. Equally distinguished as a physician and surgeon, his whole life was characterized by the highest sense of moral duty, and in all relations, professional and social, uprightness and purity of motive and action characterized him. Few men have passed in the profession a better or more useful life. To labor with him was a duty, and to do good especially to the poor, was his highest pleasure. "To many of us he was almost a father, who not only by his sound medical teaching, but the kind and tender interest, the sober advice, and the correct life, taught us to love him, and to imitate him in all his good works. Known throughout this country as well as in Europe, his loss will be regretted by all; therefore, be it

"Resolved, That in the death of Dr. MUSSEY the profession of Cincinnati has lost a father, a great surgeon and physician, the city a good man, and humanity a true friend.

"Resolved, That a copy of this preamble and resolutions be forwarded to the family by the Secretary, with the sympathy of this meeting in their grief.

Dr. MURPHY embraced the occasion to express the deep feeling he had, in view of the death of so distinguished a man. He dwelt upon his character as a safe and judicious Surgeon, his uniform kindness, professionally, to both rich and poor. He mentioned several incidents illustrating his truthfulness and honesty of action. That, although he continued in the profession until he reached an age beyond that usually allotted to those engaged in so arduous a mode of life, yet he was still young in his appreciation of the progressive-ness of surgery and its collateral sciences.

Dr. J. P. JUDKINS, who was Demonstrator of Anatomy in the Ohio Medical college when Dr. MUSSEY took the Chair of Surgery, referred, in remarks of much interest, to many traits of deceased's character; to his constant efforts to do good and elevate his fellows; his exemplary life. He never had forgotten many of the wise precepts

in surgery, medicine, and morals, impressed upon him in earlier days by Dr. MUSSEY. Dr. JUDKIN's remarks were of an exceedingly interesting character.

Dr. GEORGE C. BLACKMAN, who succeeded Dr. MUSSEY in the Chair of Surgery in the Ohio Medical College, wished to pay his tribute of respect to the memory of this great surgeon. He extolled Dr. MUSSEY for his brilliant surgical career, for his operative ability as well as his contributions to the surgical and medical literature of his day. He prominently brought before the profession several capital operations not before generally adopted,—as his operation of ligating both primitive carotid arteries in the same patient, thereby cutting off the great source of supply of blood to the brain, the patient recovering from the effects of the operation, and living to justify that bold practice. This gave faith to surgeons in America in this operation, and placed them in advance of their Continental brethren. Dr. BLACKMAN mentioned a number of brilliant operations of the deceased, which combined to give him that distinguished reputation abroad which he enjoyed.

Dr. M. B. WRIGHT, although he did not feel that he could add anything to what had been said, spoke of their intercourse having commenced in 1838, as colleagues in the Medical College of Ohio.

Dr. W. spoke glowingly of the many great traits of the deceased, and finished his remarks by relating his consultation with Dr. MUSSEY in his great original operation for the removal of the arm, including its attachments of scapula and clavicle.

Dr. DAVID JUDKINS, the President of the meeting, made a few touching remarks concerning his relations with Dr. M., which were of long duration and of an intimate character. He referred to his intense love of truth—his geniality of manner when approached by men younger than himself in the profession—his devotion to the cause of Christianity—and concluded by saying that in the death of Dr. MUSSEY, the profession and the world had met with signal loss.

It was resolved by the meeting to attend the funeral in a body. The meeting was the largest and most respectable of any of the kind held in this city for many years, attesting to the high professional esteem in which the deceased was held by the medical profession. Before adjourning, Dr. GEORGE C. BLACKMAN was appointed to prepare and deliver before the profession and others, at his earliest convenience, and address on the life and services of Dr. REUBEN D. MUSSEY.

DAVID JUDKINS, President.

SAMUEL SEXTON, Secretary.

Among the children of Dr. MUSSEY may be mentioned, W. H. MUSSEY, M. D., of Cincinnati, late United States Medical Inspector. Brevet Gen. R. D. MUSSEY, once a reporter of the Boston press and lately Military Secretary to President Johnson. Rev. CHARLES F. MUSSEY of Batavia N. Y., and a daughter, wife of LYMAN MASON, Esq., a distinguished lawyer of Boston, with whom he spent the last eight years of his life.

LIME INHALATIONS IN DIPHTHERIA.

Dr. H. BEIGEL, of No. 3 Finsbury Square, London, writes to the *British Medical Journal* a short letter, in which he ventilates a little ill temper, we think, at his "American cousins," and also proves himself to be very well posted in the theory, and *very little* in the practice of the subject of which he talks.

He objects to passing over a notice of Dr. GEIGER's article (published some time ago in the *REPORTER*, and copied in the *Brit. Med. Journal*), for two reasons:

"First," he says, "it is true that lime possesses a great dissolving power on diphtheritic membranes. But to learn that, I assure you, you need not go to Ohio; for the fact is well known in this country, as well as on the continent. See, for instance, my book *On Inhalations*, etc. etc."

"Secondly," Dr. B. continues, "Dr. GEIGER, in Ohio, has only *imagined* to have used lime; but, as every one who is acquainted with the first rudiments of chemistry will easily see, has not done so in reality,"—because he claims nothing but steam is evolved by the heat during the slaking process.

In spite of Dr. BEIGEL's high authority, (?) he having published a book on inhalations, we are compelled to assert that he is laboring under a mistake. *Theoretically*, nothing but steam should escape during the process of slaking lime; but *practically*, during the sudden and violent ebullition of the process, the hot steam generated with great force and bursting in bubbles, carries with it quite numerous particles of lime, as any one can satisfy himself by proper experiment. There is nothing remarkable about this rudimentary fact of practical chemistry, except that it should be unknown to British authors on "Inhalations."

INJUNCTIONS.

The Metropolitan Board of Health is laboring to struggle forward under a tremendous weight of *injunctions*. They require more than ever the unanimous support and coöperation of all good men who have the sanitary welfare of the commercial metropolis of our country at heart.

But the worst injunction under which the Board is suffering, especially its *medical members*, is the injunction placed upon it by the medical profession of the United States, for wantonly and inexcusably compromising with error, and for attempting to conciliate impostors at the sacrifice of long-established truths, by inviting homœ-

opaths to take charge in the treatment of cholera patients.

This injunction is self-inflicted, and the Board has the power of removing it at once. As we still believe that the medical members of the Board, in consenting to it, acted simply *hastily* and without due consideration, we beg them to see that this *moral injunction* is removed.

The profession of the United States, looking with pride and high expectation on the medical members of the Metropolitan Board of Health as exponents and representatives of sanitary and medical science in the United States, have a right to hold them responsible for all official acts.

You have consented to invite homœopaths to take part in the treatment of patients placed under your charge. Do you believe that you have a right to sacrifice life to humor a popular delusion? If you do, the profession which you represent DOES NOT.

The ACADEMY OF MEDICINE of New York has, by special resolution, protested against your act. Are you willing to bear the injunction of the medical profession of the United States at the next meeting of the American Medical Association? If not, and if you have at heart the interests of the profession, you must do one of these three things: Either satisfactorily explain your position—or force a reconsideration of the obnoxious resolution—or resign.

THE INTERNATIONAL MEDICAL CONGRESS AT PARIS.

Although there are grave doubts whether the International Medical Congress, in behalf of which we last week gave the call of the Paris Central Committee, will ever be able to assemble, in view of probable *war events*, still it is desirable that when it *does* assemble, the profession of the United States should be represented.

We therefore call upon the profession to give timely expression and to offer suggestions regarding the proper mode of securing such representation. We live under democratic institutions, and as there is no fixed central medical government, the profession should act *in time* to secure a worthy representation, and to provide the pecuniary means necessary to that end.

To this purpose, we shall gladly give insertion to communications which our readers may send.

THE PARIS EXPOSITION.

In our advertising columns will be found a notice calling for contributions to the Surgical Department of the Universal Exposition at Paris,

which we earnestly hope will meet with a prompt response from all who are interested in the progress of surgery.

We understand that this department of the Exposition will be opened as soon as practicable, in consequence of the terrible war that is now devastating Europe, that the surgeons of the contending forces may avail themselves of every improvement in the treatment of the casualties of the battle-field. Dr. CRANE proposes to leave in a few weeks, with the first instalment of articles for the exhibition, and he desires to carry as complete a collection with him as possible.

We would urge our readers to give this call an extended circulation, and to do all in their power to aid those who have interested themselves in making this unique, but, in the present condition of the world, exceedingly valuable and important collection.

CARE OF INEBRIATES.

We fear that as long as our law-makers are mere politicians, there will be no check to the evils attending the sale of intoxicating beverages. Prohibitory legislation, and the laws rigorously enforced, constitute the only certain cure for intemperance. Without it, families and the community must continue to suffer the untold miseries, pauperism, and crime, which are the necessary concomitants of any system that allows the sale of intoxicating drinks.

If we must have drunkards in the community—and it seems to be in the interest of politicians that we should have—then we need proper institutions for their treatment when they become incapable of taking care of themselves. The State of New York has set a worthy example by establishing at Binghamton a noble institution for this purpose, and its necessity is shown by the great numbers who have applied for admission to its wards, being anxious to deprive themselves of personal liberty, if they can only escape from the enemy which has insidiously encircled them within its toils.

We are glad to see that an effort is being made to establish a similar institution in this State. A number of prominent individuals have associated themselves together under the title of the *Citizens' Association of Pennsylvania*, and obtained a charter with this object in view. The following extract from Section 1, of the Act of Incorporation, gives the objects in detail.

"Having power to purchase and possess lands (not to exceed in quantity one thousand acres); to erect buildings for the cure of the intemperate; to open employment offices; to establish branch associations in the various cities and counties of

the Commonwealth, and in the different wards of the City of Philadelphia; to examine into the causes and statistics of pauperism, vagrancy, and crime, and do whatsoever they may for the prevention of the same, and for the restoration and elevation of the depraved and ignorant classes of society."

The Association has issued a very spirited stirring address, from which we would be glad to quote if we had the space. The sum of three hundred thousand dollars is needed to fully carry out the benevolent intentions of the Association, and we sincerely hope it will be obtained soon. Dr. JOSEPH PARRISH, of this city, is President of the Board of Directors.

Notes and Comments.

Cholera Literature.

There are in three weekly numbers of the *British Med. Journal*, which we have received, not less than *eighteen* pages of "observations"—"communications," "letters" and "editorials"—on the *treatment* of cholera. This is but a sample of the controversy which has filled the British Journals during the last two months. The most astonishing thing, however, in regard to the matter is that not *one solitary* new fact or idea have we been able to trace in all these numerous papers and epistles.

Dr. JOHNSON, it is true, has elaborated a theory of the causes of the main phenomena of collapse in cholera, which appear to be founded on pretty sound physiological and pathological doctrine. But, when he and his adherents jump from the general argument of the presence of a specific poison in the blood, to the conclusion, that the proper treatment is by *cathartics*, (salines, castor oil, &c.) for the purpose of *eliminating* the poison, it is impossible for us to see the logical connection of such a jump. There are almost as many diseases dependent upon specific poisons in the blood, as there are Arabian tales, and no one claims that we can expel these poisons from the blood by cathartics. No one doubts the presence of a special poison in intermittent fever, in typhus, in typhoid, in scarlatina, in measles; but Dr. JOHNSON, does not, we believe, advocate the cathartico-eliminative treatment in these diseases. Besides, the *cathartic* treatment of cholera has been tried since 1832, and has *not* been found any more successful, or as successful as any other treatment, or no treatment at all. We think the profession of Great Britain are uselessly wasting a great deal of ink and paper in these wearisome lucubrations on the "treatment of Cholera."

American Opium Cultivation.

The species of poppy from which opium is obtained is indigenous in northern Mexico. According to the report of Major Duffield, United States Marshal in Arizona, this plant is also found growing in its natural wild state in the valley of the Santa Cruz River.

Mr. EMANUEL WEISS, of Pennsylvania, has recently visited the regions where the poppy is found, for the purpose of examining the country with reference to its availability for opium culture. In a circular which he has just issued, he exhibits the China trade with England and the United States, from which it appears that the British Government exchanges opium with the Chinese for tea, and transfers a large quantity of the latter article to the United States, for which we pay in gold. It is stated in this circular that two families with but two able field-hands, can put ten acres of poppies under cultivation, which will yield about 1200 pounds of merchantable opium, containing nearly ten per cent. of morphia. The poppy matures rapidly, and is harvested within one hundred days from the date of planting. The greater part of the year could, therefore, be employed in the production of other crops, in stock-growing, or in mining operations, for either of which the Territory of Arizona affords ample facilities.

Physical Education.

The importance of restricting excessive mental effort and study in the education of the young, and the evils which arise from the want of physical culture in our American school system, have frequently been discussed in our columns.

We are glad that the subject begins to attract the attention of the Press generally. *Harper's Weekly*, one of the most popular of journals has had several very excellent articles on the subject in its last numbers. In one it says:

"An experiment has been lately tried quite extensively in England, in connection with some factories, which bears directly on this point. A half-time system of education has been adopted—that is, children have been made to spend only half the time that is usually spent in school, while the remaining hours have been spent in work. Sometimes the division has been made by days rather than by hours, every other day being devoted to the school. Now by comparison it was uniformly found that the children under this half-time system made greater attainments than those who devoted double the time to the school-room. A significant fact this, which leads us to the conclusion that, with all our boasted improvements in education in this country, not only is too little attention paid to physical culture, but in our schools and academies and colleges generally,

there is too much time given to mental culture—so much as to materially lessen its efficiency. It is singular that the first grand experiment on this point should have been made in such a quarter; but now that it has been made, and its results have been so clearly developed, farther examinations and experiments should be prosecuted, that the subject may be fully investigated.

"There is another result of this experiment which is of interest as showing the mutual influence of physical and mental culture. It was found that the half-time scholars were better workers, more alert and efficient, than either those who had been full-time scholars, or those who had not attended school at all. The testimony of employers was very decided and uniform on this point. How clear is the conclusion from it that with certain modifications of education there may be a great increase of intelligent labor, with a better state of health in the laboring classes!"

Omission.

In the last issue, containing an abstract of the proceedings of the Medical Society of the State of Pennsylvania, the following item, which may be of some interest to aspirants for honors, was inadvertently, it is presumed, omitted.

"The Treasurer announced that there had been placed in his hands, by a member of the society, the sum of twenty-five dollars, which was to be awarded as a prize to the author of the best essay on any subject pertaining to medicine or surgery, if forwarded on or before the first day of May, 1867, to the "*standing committee*," consisting of Drs. JAMES KING, of Pittsburg, R. B. MOWRY, of Allegheny City, and Prof. TRAILL GREEN, of Easton, provided such essay be deemed, in the united judgment of that Committee, worthy of a prize. Each competitor must affix a motto to his paper, and accompany it by a sealed envelope, bearing the same motto and enclosing the author's name. The seal of the successful essay shall not be broken until the next annual meeting of the society, to be held at Pittsburg, Pa., on the second Wednesday in June, 1857, when the name of the author will be announced."

Progress of the Cholera.

The epidemic has broken out at Angers and St. Nazaire, in France. At Amiens and in the surrounding country, it is on the increase, and medical assistance was sent from Paris. It has also made its appearance at Nantes, where four persons died from the epidemic on the 12th of last month.

An outbreak of cholera has also taken place in the Prussian army. On the 4th and 5th thirty cases, six of which proved fatal, occurred in the 3d regiment of the guard.

Cholera is also raging at Gromemunde, Frank-

fort on the Oder, Neustadt-Eberwald, Cammin, Arnswalde and Stettin. In the latter town one hundred and eighty-seven cases occurred from the 2d. to the 9th of June, one hundred and three of which were fatal.

Cholera in New York and Brooklyn.

During the week ending July 13th, 37 cases of supposed cholera were reported to the Board of Health in New York. Of these, 11 proved to be genuine, and 8 proved fatal, while 3 of the patients only recovered. In all of these cases disinfectants were freely used by the Sanitary Officers of the Board of Health, whether the disease was found to be true Asiatic cholera or not.

Twenty-six cases of supposed cholera had been reported at the office of the Assistant Sanitary Superintendent in Brooklyn, of which 10 were genuine, and 4 uncertain, while 12 were merely aggravated cases of cholera morbus. One-half of the whole number occurred in the Twelfth Ward, near the Atlantic Docks. The Ward is inhabited mainly by natives of Ireland, and is the most filthy in the city. It has no sewerage, the privies are full to overflowing, and the filth and garbage are permitted to fester in the streets, while the Alderman makes no effort whatever to have the sanitary condition of the Ward improved.

"Selections."

It is our decided opinion that an article copied from another journal looks a great deal better in print, if an acknowledgment is made of the source whence it is obtained.

Thus we think the *Atlanta Medical and Surgical Journal*, would make a much better appearance in its July number, if the article on "Trichinæ and Trichinosis," copied from the *REPORTER*, had been credited to the same.

More new Journals.

July brings with it another instalment of new medical journals. Our old and welcome friend, Dr. W. K. BOWLING, has again taken the field, and the *Nashville Journal of Medicine and Surgery* comes to us, looking as of yore, just as if nothing had been the matter. It has had a good nap, and has awaked refreshed, vigorous and rejoicing "as a strong man to run a race." Dr. BOWLING says he is going to succeed, and *he will do it*. The *Journal* is published monthly, at \$5 per annum. *REPORTER* and *Journal* together, \$9. The subscription can be paid either to us or to Dr. BOWLING.

We welcome again that old and sterling journal the *New Orleans Medical and Surgical Journal*, this number commencing the sixteenth volume. It is the oldest medical periodical of the South-

west, and has always been a good journal. Drs. S. E. CHAILLE and Wm. C. NICHOLS, are the editors and proprietors, and Drs. WARREN STONE and JAMES JONES, are on the editorial corps. The journal is published every alternate month at \$8 per annum, \$10 if not paid in advance, \$1.50 for single copies. The *REPORTER* and *Journal* will be furnished together for \$11.

A Valuable Work on Medical Statistics Forthcoming.

We are glad to notice that on the 9th instant, a resolution passed both the National Senate and House of Representatives, directing the Secretary of War to communicate a report of the Medical Statistics collected during the war, in the Bureau of the Provost-Marshal General, by Surgeon J. H. BAXTER, as soon as such report can be compiled and prepared for presentation by him.

Surgeon BAXTER has been indefatigable in this work, and we shall look for a report that will be a valuable addition to statistical science.

Books, etc., Received.

We have received the following books, pamphlets, etc.

DA COSTA on *Medical Diagnosis*. Second Edition. Revised and Enlarged. From J. B. Lippincott & Co.

The Where, the When, the Why, and the How of the First Appearance of Cholera in Cities. By J. H. GRISCOM, M. D.

Report on Ventilation. By J. H. GRISCOM, M. D.

Report of the Board of Health of the City and Port of Philadelphia, to the Mayor, for the year 1865.

HORACE WATERS, of New York, sends us the following fine pieces of music, by Mrs. E. A. PARKHURST. "I'll Marry no Man if he Drinks," "Sunlight Polka Brilliant," "Gen. SCOTT's Funeral March," "Looking Forward," "Oh, you Must be a Lover of the Lord."

ERRATA.—In proceedings of Vermont Medical Society, *REPORTER* for July 7, page 12, paragraph relating to Dr. FROST's pathological specimen, read "cardiac" instead of "pyloric" orifice of the stomach.

On page 14, in Dr. UPHAM's case, read "steoraceous" instead of "stercoraceous."

On page 15, in preamble to resolutions, read "inscrutable Providence" instead of "inscrutable submission."

On page 24 of the same number, first column, 19th line from bottom, for carbonic read *carbolic* acid.

Correspondence.

DOMESTIC.

Case of Spinal Meningitis (Spotted Fever), treated by the Tincture of the Chloride of Iron.

EDITOR MEDICAL AND SURGICAL REPORTER:

Feb. 3d, 1866, J. F., æt. 28, was taken with vomiting and chill, followed by moderate fever, with great prostration of strength, and pain on pressure over the cervical vertebræ. Also stiffness in the muscles of the neck, and a tendency to throw the head backward. She complained of tingling in the hands and fingers.

Diagnosis.—Spinal meningitis.

Treatment.—Tinctura ferri. chloridi, gtt. xv., every two hours (as advised by Dr. KLAPP in the MEDICAL AND SURGICAL REPORTER, June, 1864), milk punch and beef tea.

Under this treatment she improved in all respects until the 9th, when inflammation of the finger joints, and subsequently of the elbow, took place, with pain, effusion, and an erysipelatous blush. These were speedily removed by blistering.

After this she appeared to be convalescing, except that a persistent headache remained, which quinine, moderate mercurial purging, and blisters to the nucha failed to relieve. The tinct. of iron had been withdrawn and the stimulants greatly lessened.

March 1st. Dr. KLAPP saw her in consultation with me. The headache was then severe, with giddiness, and a "swimming in the head" at any attempt to move; great tenderness in the muscles of the neck, and especially over the cervical vertebræ. Fever moderate. We determined to return to the iron, and in increased doses, renewing also the brandy and beef-tea. From this date to the 5th she improved greatly, when some agitating circumstances threw her into violent pain, requiring morphia liniment, containing aconite, and blisters to the nucha.

March 19th. For some ten days she has had delirium of a mild kind, with confusion of mind and spectral illusions. Also a return of pain at elbow and finger-joints, which disappeared as the tenderness at nucha lessened. During all this time tincture of the chloride of iron in doses of twenty to twenty-five drops every two hours was faithfully given, and the milk punch twice a day. A very obstinate constipation was the only inconvenience in addition to the above symptoms.

March 22d. She was improving very satisfactorily, with a tendency to syncope, however, on

any attempt to sit up, when to-day she suddenly left her bed during the absence of her nurse, and contrary to my express orders. She was then taken fainting from the floor, and remained very pale, languid, weak and tremulous for several days after. A continuance of the iron, etc., renewed her convalescence very slowly; the tenderness at the nucha lessened, and finally disappeared.

Remarks. The efficacy of the iron is shown by the partial recovery, the relapse after it was withdrawn, and the renewed convalescence after it was resumed; while recovery was greatly delayed by the unfortunate circumstances related. The erysipelatous inflammation about the joints is especially worthy of notice in connection with Dr. KLAPP's remarks in the articles referred to.

SAMUEL CHAMBERLAINE, M. D.

265 S. 9th St., Philada., June, 1866.

A Poetic License.

EDITOR MEDICAL AND SURGICAL REPORTER:

There are many who object to the principle of Dr. SIMS, putting a "faire ladie" under *anæsthetic* influence, during a *juxtaposition* of the primary planets; but his idea is not original; "for what does the song say,"

"How happy could I be with ETHER;
Were to'ther dear charmer away!"

S. W. F.

A Splinter Embedded for Seven Years in the Muscles of the Fore-arm Without Causing Suppuration.

EDITOR MEDICAL AND SURGICAL REPORTER:

As the following case is an unusual one, and as its report will occupy but little of your space, I place it at your disposal.

Mr. G., of Kenosha county, called to consult me a few days ago, in relation to an enlargement, existing upon the anterior aspect of the right forearm. Seven years ago, in jumping from a hay-rack, he struck the arm upon the splintered end of an oak stake, projecting from the side of the rack, inflicting a lacerated wound, an inch or more in length. It healed kindly in a few weeks, but there remained an enlargement, reaching from the beginning of the lower third of the arm, to the carpal articulation, well filling the space between the ulna and radius. Firm pressure at each end, and in its course, gave the impression that a foreign body of some kind had become safely lodged there, and the history given, suggested the possibility of its being a piece of the oak stake before mentioned. But was it possible, for a piece of *wood*, to remain embedded in the flesh for a period of *seven years*, and at no time to pro-

duce suppuration? This seemed impossible, but true it was, for a free incision through its extent, enabled me to remove a splinter of oak, two inches in length, and in circumference equal to a female catheter. It was a little darkened in color and polished like glass.

J. G. MEACHEM, M. D.

Racine, Wisconsin, June 30th, 1866.

Camp Diarrhoea.

EDITOR MEDICAL AND SURGICAL REPORTER:

After four years' experience in the army I have come to the conclusion that the causes of camp diarrhoea, or the diarrhoea that prevailed to such an alarming extent in our army, as well as the rebel army, during the late rebellion, are the following; which I shall put in the form of interrogations, hoping that some of my army civil professional brethren will throw some light upon this question by answering, through your valuable journal, one or more of the following questions:

I. Is not the camp diarrhoea of soldiers in the field caused by a scorbutic condition of the system?

II. Is not this scorbutic taint caused not only from lack of antiscorbutics, but as well from improperly cooked food?

III. Does not this scorbutic condition of the blood cause fatty or amyloid degeneration of the small arteries, supplying the sub-mucus tissue of the intestinal canal?

IV. Is not this amyloid degeneration the cause of the persistency and difficulty of cure of this disease? W. E. WHITEHEAD, M. D.,

Assistant Surgeon U. S. A.

*Cape Disappointment, W. T.,
April 30th, 1866.*

News and Miscellany.

Preservation of Meat.

A new method of preserving beef, mutton, and other animal substances used for food in a perfectly fresh condition has been brought before the Edinburgh Pharmaceutical Society by M. J. MACKAY. The discovery is due to Dr. REDWOOD. In his experiments he found that animal substances immersed in a bath of *paraffin*, heated to about 300, rapidly lost their air and water, leaving the juice of the meat to be absorbed by the joint under operation. According to the thickness of the mass of the meat, the time of its immersion is increased or diminished. By this process the germs of destruction are found to be quite destroyed, very much on the same principle that the various articles of food are prepared in hermetically sealed vessels, or the calf-foot jelly,

bottled and kept in a perfect state of preservation. When the meat has thus been allowed to remain a sufficient length of time in the highly-heated paraffin, it is removed, and immediately dipped into a bath containing the same material, at a lower temperature; and after two or three dipping the process is complete, and the substances thus preserved are ready either for home or foreign consumption. Samples prepared after three months keeping have been cooked and found perfectly sweet, and free from any taint whatever. The following peculiarities of paraffin recommend it especially for the purpose mentioned, viz., its solidity, whiteness, tastelessness, and entire freedom from smell.

Trichinosis in Iowa.

Pretty well authenticated reports reach us through the daily press of the occurrence of an endemic of trichinosis at Marion, Linn county, Iowa. The following appear to be the main facts:

A family of ten, composed of Mr. Bemis, aged seventy-two; Mrs. Bemis, fifty-seven; Henry Bemis, twenty-three; Whittier Bemis, twenty; Mr. Lansing, (son-in-law of Mr. Bemis,) his wife, two little sons and two little daughters were all, except Mr. Lansing, peculiarly and seriously attacked, about the 10th of April, with a disease of unusual and remarkable symptoms, such as vomiting, diarrhoea, pains in the bowels, profuse sweating, swelling of the face, stiffening of the muscles of the jaw with fever of a typhoid character. After a week or so, great pains were felt in the muscles of the arms, legs, etc., similar to muscular rheumatism, accompanied with considerable swelling of the limbs and general dropsical effusion throughout the cellular tissue.

In the absence of positive knowledge that the patients had eaten trichinous meat, and the fever assuming a somewhat typhoid character, the attending physician, Dr. E. M. SMITH, was induced, in the absence of a better name, to diagnose the disease typhoid fever, and treated the cases accordingly, combating the symptoms as they presented themselves.

On April 30th, Drs. H. RISTINE and T. S. BARDWELL were called in consultation with Dr. SMITH, and, after thorough investigation, all three of the physicians came to the conclusion that the symptoms clearly indicated trichinosis. In the meantime, it had been ascertained that all the family except Mr. Lansing had been eating more or less of raw ham, the severity of the disease being in proportion to the amount eaten by each. Mr. Lansing, who ate none at all, was not affected, he being the only one that was not.

The second day after the consultation, June 1st, Mr. Lansing's little boy, aged thirteen, died. Next day Henry Bemis died, and Mr. Lansing's other little boy died on the 9th—three in all up to the present date. The old people, Mr. and Mrs. Bemis, are hourly expected to die. A *post mortem* was held on the body of the first that died, and a portion of the muscle from different parts of the body were obtained and thoroughly examined with the microscope by all the doctors

of Marion and several from Cedar Rapids, who found the parasite in large numbers, variously estimated by different ones on different pieces of muscle, to contain from 180,000 to 261,000 to the square cubic inch.

A piece of the ham of which the family ate could not be obtained for examination, but a portion of the same hog that the family partook of was previously given to a healthy sow, which resulted in its death. The muscle of the sow was examined and found to be full of trichinæ.

It is also reported that since then six similar cases have occurred in the JORDAN family, same county, under charge of Dr. RISTINE, also traceable to the eating of raw ham.

We have written to the medical gentlemen in attendance upon these cases for a full account of their observations, which we hope soon to lay before our readers.

Unhealthy Condition of Ships and Immigration.

At a recent meeting of the Metropolitan Board of Health, Dr. E. HARRIS made the following Report:

As your attention has been called to the foul and unhealthy condition of ships and water-craft about the wharves and basins of Brooklyn and New-York, let me mention a few facts that are of momentous concern just now.

1. The foul ship and certain kinds of decaying cargo which now contaminates the atmosphere of particular localities by the water-sides of our cities are sources of special danger to the public health. The particular inquiries upon which this opinion is founded have been made, voluntarily, by certain physicians on the vessels themselves, and by me at various times at the Seamen's Retreat and other hospitals for seamen. The City hospital receives almost its only cases of typhus and diarrhoeal diseases from the ships; and at your Brooklyn Hospital, I am informed, the same is true. This illustrates the danger of allowing such vessels to lie at the wharves unexamined by sanitary officers. And it must be remembered that the Health officers cannot justly detain such vessels in quarantine. That would only increase the evil.

2. The degree and kind of contamination of the atmosphere which these foul ships and decaying cargoes cause along the water-sides, greatly enhances the danger of creating an uncontrollable cholera pestilence in those regions. The present peril is imminent.

3. If consignees and officers of ships are simply visited and instructed respecting the importance of thorough purification of their vessels, and shown the means of doing such work perfectly, they will not fail generally to endeavour to carry out the wishes of the Board of Health.

4. If the ships departing from our port are always in a good sanitary condition and provided with suitable sanitary advice and disinfectants, they will not be nearly as liable to have any cases of cholera on board as they now are, much more will they be unlikely to become the sources or causes of cholera infection to other places.

Indeed, it is my deliberate opinion founded upon a familiar knowledge of our shipping and marine hygiene, that an efficient Water-side Sanitary Inspection, kept up for the ensuing three months, would be more effectual in preventing the spread of cholera from our port than all the quarantines that can be enforced, even if they excluded commerce. Upon this point I have no doubt, and would recall a note published by the Council of Hygiene on this subject last November.

Let there be an efficient Water-side Sanitary Police. Two or three men of the right sort would cover the ground.

The importance of proper water-side Marine Sanitary police, including a *quarantine*, by which passengers and their baggage can be placed in a CLEAN condition, so as not to endanger the community by imported filth and poisons created during voyages on crowded vessels, will be appreciated, when we notice the immense extent of immigration at this time.

From May 30th to June 5th 1866, 8055 immigrants, mostly Germans, landed in New York and during the month of May, the total number of immigrant passengers arriving in New York was 40,300.

Pension Examining Surgeons.

The following are recent appointments.

Iowa, Dr. N. UDELL, Centreville; Dr. J. R. BURGESS, Webster City.

— Mr. LAFLIN of New York, Chairman of the Committee on Public Printing, in the House reported a resolution, which was adopted, taking away the printing reports and statistics of the Medical Department of the army from the control of the Surgeon-General, and transferring it to the Government Printing Office.

— Mr. ALEXANDER URE, late surgeon of St. Mary's Hospital, London, died on the 15th ult.

— Cases of hydrophobia are quite frequent in London. There were three deaths from the disease in one week, during the latter part of last month.

Army and Navy News.

NAVY.

List of changes in the medical corps of the U. S. Navy, during the week ending July 14th, 1866.

Passed Ass't Surgeon Theron Woolverton, ordered to the U. S. ship Monocacy.

Ass't Surgeon Robt. Redington, ordered to duty on board U. S. Receiving Ship Vermont, at New York.

Acting Ass't Surgeon Reuben Smith, ordered to duty on board the U. S. ship Chicopee.

Acting Ass't Surgeon A. C. Fowler, detached from the U. S. ship Chicopee, and granted leave of absence.

Acting Ass't Surgeon G. L. Simpson, detached from the U. S. ship Bibb, and placed on "waiting orders."

MARRIED.

ALLEN—PARSONS.—On Wednesday, the 11th inst., by the Rev. E. H. Chapin, D. D., at the residence of the bride's guardian, Dr. Ralph Glover, Aaron C. Allen and M. Josephine, only daughter of the late Henry L. Parsons, M. D., both of New York.

BENHAM—RAND.—June 27th, at the residence of the bride's father, by the Rev. H. Hayden, Dr. S. N. Benham, of Pittsburgh, Pa., and Miss Nellie H. Rand, of Meriden, Conn.

DEAN—JOHNSON.—On the 28th of June, 1866, at the residence of the bride's father, by the Rev. John Chambers, Henry M. Dean, M. D., of Connecticut, and Emma, youngest daughter of Samuel Johnson, Esq., of Philadelphia.

GEDDINGS—GETTY.—At the New York Hotel, July 5, 1866, by the Rev. Dr. Preston, W. H. Geddings, M. D., and Miss Adele L., eldest daughter of Archibald Getty, Esq., all of Charleston, S. C.

HAYWARD—DRAKE.—In Easton, Mass., by Rev. Mr. Mills, Dr. J. W. Hayward, of Taunton, and Miss Elmira H., eldest daughter of John R. Drake, Esq.

McGRAW—SIMPSON.—At West Farms, N. Y., on Tuesday, July 10, by the Rev. Washington Rodman, Dr. Theodore A. McGraw, of Detroit, and Alice E., youngest daughter of Wm. Simpson.

MILLER—ZOLLINGER.—June 19th, at Harrisburg, Pa., by Rev. G. F. Stelling, Jacob A. Miller, M. D., of Lancaster, Pa., and Miss Maria M. Zollinger, of Harrisburg.

STERLING—JONES.—In this city, on Tuesday, July 10th, by the Rev. G. A. Durborow, Dr. William G. Sterling, of Greenbush, Ill., and Miss Maggie Jones, of Philadelphia.

DIED.

BIRDSSELL.—On the morning of the 14th inst., after a short illness, Jane L., wife of Dr. S. Birdsell, of Camden, N. J.

CARELS.—In Camden, N. J., on the 7th instant, Samuel P., son of Dr. Samuel and the late Jennie T. Carels, aged 8 months.

GODDARD.—In this city, on the 5th instant, Paul Beck Goddard, M. D.

HARVEY.—On the 7th of July, Dr. Joseph R. Paul Harvey, in the 30th year of his age.

HOFFMANN.—In this city, on Saturday, the 7th inst., Emma M., infant daughter of Dr. J. M. and Lizzie Hoffmann, of Reading, Pa.

SEVIER.—In Knoxville, Tenn., July 10th, Thomas Sevier, son of Dr. Alexander B. and Clara M. Tadlock, aged one month.

ANSWERS TO CORRESPONDENTS.

Dr. H. A. S., *Gallatin, Tenn.*—Sergeant's Minor Surgery, Tanner's Manual on Poisons, Rand's Medical Chemistry, sent by mail, 14th inst.

Dr. C. H. L., *Jackson, Mich.*—Brinton on Diseases of Stomach, Roberts' Urinary and Renal Diseases, Jones's Ophthalmic Medicine and Surgery, Durkee on Gonorrhea, Sergeant's Minor Surgery, and What to Observe, etc., sent by Express, 14th inst.

Dr. H. P. K., *East Fairfield, Ohio.*—Gross's Surgery, 2 vols, sent by Express, 14th inst.

Dr. G. W. C., *Jackson, Mich.*—Hypodermic Syringe, sent by mail, 14th inst.

Dr. W. T. G., *Lexington, Miss.*—Gross's Abscess Bistoury, sent by mail, 14th inst.

Dr. B. N. B., *Lawrenceville, N. J.*—Obstetrical Forceps sent by Express to Trenton, 14th inst.

Dr. J. W. M. S., *Columbus, Miss.*—Exploring needle sent by mail, 14th inst.

Dr. C. F. B., *Racine, Wis.*—Wired skeleton sent by Express, 10th inst.

Dr. E. J. P., *Highepsire, Pa.*—Wired skeleton sent by Express, 10th inst.

METEOROLOGY.

July,	2,	3,	4,	5,	6,	7,	8.
Wind.....	W. Clear.	S. W. Clear.	S. W. Clear.	S. W. Clear.	S. Clear.	S. Clear.	S. W. Clear.
Weather.....	}	}	}	}	}	}	}
Depth Rain.....							
Thermometer.							
Minimum.....	54°	62°	64°	68°	69°	70°	72°
At 8 A. M.....	72	77	76	80	84	86	85
At 12 M.....	82	85	83	87	90	90	90
At 3 P. M.....	82	84	79	88	92	93	93
Mean.....	72.50	77.	75.50	80.75	78.75	82.25	85.
Barometer.							
At 12 M.....	30.3	30.2	30.	30.1	30.2	30.1	30.1
<i>Germanstown, Pa.</i>							

B. J. LEEDOM.

SUMMER SCHOOL
OF
MEDICINE.

No. 920 Chestnut Street, Philadelphia.

ROBERT BOLLING, M. D., JAS. H. HUTCHINSON, M. D., H. LENOX HODGE, M. D.

EDWARD A. SMITH, M. D., D. MURRAY CHESTON, M. D.,

HORACE WILLIAMS, M. D.

The Summer School of Medicine will begin its second term on March 1st, 1866, and students may enjoy its privileges without cessation until October.

The regular Course of *Examinations and Lectures* will be given during April, May, June, and September, upon

ANATOMY,

SURGERY,

CHEMISTRY,

PHYSIOLOGY,

OBSTETRICS,

MATERIA MEDICA,

PRACTICE OF MEDICINE.

The subjects will be studied by the aid of Specimens, Manikins, Demonstrations, and Clinical Examinations of Patients.

Students will be given access to the Pennsylvania, Episcopal, and Children's Hospitals. The employment of the Microscope, and the microscopic appearance of the tissues and fluids in health and disease, with the chemical tests and reactions, will also be taught.

FEE, \$50.

SURGERY.

A Course of Lectures on SURGICAL DIAGNOSIS will be delivered by Dr. H. LENOX HODGE, during April, May, June, and September, at the Summer School of Medicine, No. 920 Chestnut Street, Philadelphia.

The history, causes, symptoms, and pathology of Surgical Diseases and Injuries will be carefully studied, and the means of recognizing and treating such disorders distinctly taught.

Instruction will be given in the use of the Microscope, Ophthalmoscope, Otoscope, Laryngoscope, Endoscope, and other specula; in Percussion and Auscultation, and other means now employed for physical examination.

FEE, \$10.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, and in Practical Obstetrics. They will be enabled to examine persons with diseases of the Heart and Lungs, and to attend women in confinement. The class rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text-books, etc., will be constantly open for study.

The Winter Course of Examinations will begin with the Lectures at the University of Pennsylvania in October, and will continue till the close of the session.

Fee for Office Students (one year), \$100.

Fee for one Course of Examinations, \$30.

Class Rooms, No. 920 Chestnut St., Philadelphia.

Apply to

H. LENOX HODGE, M. D.,

479—530

N. W. corner Ninth and Walnut Streets.

BELLEVUE HOSPITAL MEDICAL COLLEGE,

CITY OF NEW YORK.

SESSIONS FOR 1866--'67.

The Faculty take pleasure in referring to the cumulative evidence afforded by the success of this College, in behalf of the importance of the union of clinical and didactic teaching. The class in attendance during the Session of 1865-'66 numbered 470, the number of graduates being 172. The new building within the hospital grounds affords ample accommodations.

The faculty have instituted a Summer Session, beginning on the first of April, 1867, and ending in the following July. This Session will embrace didactic and clinical lectures. HENRY D. NOYES, M. D., has been appointed Professor of Ophthalmology in the Summer Faculty; J. LEWIS SMITH, M. D., Lecturer on Morbid Anatomy, and FOSTER SWIFT, M. D., Lecturer on Diseases of the Skin. Professor W. H. VAN BUREN, M. D., has been appointed to a newly created Professorship of the Diseases of the Genito-Urinary System. Professors DOREMUS, ELLIOT, and FLINT, Jr., will, in addition to the foregoing, take part in the Summer Session. A further account of this Session, with the fees and regulations, is contained in the annual circular for 1866-'67.

The usual preliminary Autumnal Session will commence on Wednesday, September 12, 1866, and continue four weeks. Instruction during this term will, as hitherto, consist of didactic lectures on special subjects, and daily clinical lectures. The lectures in this term are given exclusively by members of the Faculties. The regular Winter Session will commence on Wednesday, October 10, 1866, and end about the first of March, 1867.

FACULTY OF THE COLLEGE:

ISAAC E. TAYLOR, M. D., President.

AUSTIN FLINT, Jr., M. D., Secretary.

JAMES R. WOOD, M. D., Professor of Operative Surgery and Surgical Pathology.

FRANK H. HAMILTON, M. D., Professor of Military Surgery, Fractures and Dislocations, and the Principles of Surgery.

LEWIS A. SAYRE, M. D., Professor of Orthopedic Surgery.

ALEXANDER B. MOTT, M. D., Professor of Surgical Anatomy.

W. H. VAN BUREN, M. D., Professor of Diseases of the Genito-Urinary System.

ISAAC E. TAYLOR, M. D.,
GEORGE T. ELLIOT, M. D., } Professors of Obstetrics and the Diseases of Women and Children.
FORDYCE BARKER, M. D., }

BENJAMIN W. MCCREADY, M. D., Professor of Materia Medica and Therapeutics.

STEPHEN SMITH, M. D., Professor of Descriptive and Comparative Anatomy.

AUSTIN FLINT, M. D., Professor of the Principles and Practice of Medicine.

R. OGDEN DOREMUS, M. D., Professor of Chemistry and Toxicology.

AUSTIN FLINT, Jr., M. D., Professor of Physiology and Microscopy.

N. R. MOSELY, M. D., Demonstrator of Anatomy.

J. W. SOUTHACK, Jr., M. D., Assistant Demonstrator of Anatomy and Prosector to the Chair of Operative Surgery and Surgical Pathology.

A. W. WILKINSON, M. D., Assistant to Chair of Chemistry and Toxicology.

HENRY G. PIFFARD, M. D., Assistant to Chair of Principles and Practice of Medicine.

LUCIEN DAMAINVILLE, M. D., Assistant to Chair of Military Surgery, e c, etc.

Fees for tickets to all the lectures during the Autumnal and the Regular Winter Session*.....\$140 00

Tickets for any of the several departments may be taken out separately.

Matriculation Fee.....5 00

Demonstrator's Ticket.....10 00

Graduation Fee.....30 00

Students who have attended two full courses in other accredited schools receive all the tickets for \$70, exclusive of the Matriculation Fee. Students who have attended two full courses in this College, or after one full course in this College, having previously attended a full course in some other accredited schools, are required to matriculate only. Graduates of other accredited schools, after three years, dating from the time of graduation to the end of the term, are required to matriculate only; prior to three years they receive a general ticket for \$70.

Payment of Fees is invariably required at the commencement of the Session. There are no exceptions to this rule.

Students on arriving in the city are requested to report at once at Bellevue Hospital, situated on the East River, between 26th and 28th Streets, and inquire for the Janitor of the College, who will take pains to aid them in securing comfortable accommodations without delay. Entrance to the Hospital is on 26th Street.

For the Annual Circular giving further information, address the Secretary of the Faculty, Prof. Austin Flint, Jr., Bellevue Hospital Medical College.

* The fees in this College are raised in common with the Colleges of New York and Brooklyn, Philadelphia and Boston.

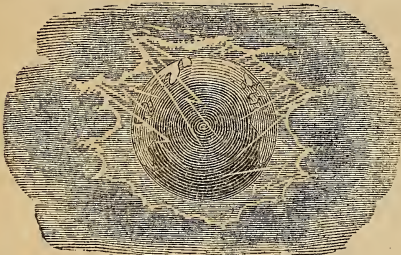
REAL ESTATE COLUMN.

TO PHYSICIANS. A physician of thirty-two years' practice, fourteen at his present location, a town of 1000 inhabitants, in a border State, within four or five hours by rail from Philadelphia, wishes, on account of ill health, to relinquish practice, will dispose of his residence and practice. The house is a two-story frame, 36 by 30 feet, with necessary back and out-buildings, stables, etc., all as good as new, plenty of fruit and shade trees, lot 60 by 300 feet. The house is built of the best material, modern style, papered throughout, garret and cellar plastered. To a physician of energy and some experience, especially surgical experience in the army, it would be a most desirable location. The practice has been worth over \$2000 a year, and by a man of proper qualifications and address it could be largely increased. Price \$4500, the buildings alone could not be put up for less than \$5000. Address "Medicus," through the MEDICAL AND SURGICAL REPORTER. 490-93.

FOR SALE.—The residence and good-will of a large practice of a physician, residing in a pleasant town of about 1500 inhabitants, with excellent country practice connected therewith. The property, lying on a railroad, is within a few steps of the depot, and within 2½ hours' ride by railway of the cities of New York or Philadelphia. Churches of all denominations, schools, and mechanics, convenient to the place. The property consists of a large commodious stone mansion, with office attached, and all necessary out-buildings, nearly new and in an excellent state of repair. It is surrounded by a highly intelligent and respectable community. The owner wishes to retire from practice.

Possession given immediately.
Address this office.

488-491.



ELECTRO-VITAL.

The New Exposition by Dr. JEROME KIDDER will be ready in a few days. It will show the varied phenomena of the "Genuine Six Current Electro-Medical Apparatus." Also, an exposition of the trick of the "torpedo" spurious "six current machines." Also, the laws by which electricity contracts muscular tissue.

Price 30 cents.

Address,

DR. JEROME KIDDER,
480 Broadway,
New York.

439

VACCINE VIRUS FROM KINE.

Securely mounted for distant places.

One crust, or one capillary tube of liquid lymph, \$200 each.

EPHRAIM CUTTER,

Ex. off. a Vice-President of the

Mass. Medical Society,

Address, 13 Pemberton Square,
Boston, Mass.

489 t.f.

VACCINE VIRUS,

FRESH FROM HEALTHY WHITE CHILDREN,

FOR SALE BY

BULLOCK AND CRENSHAW,

Arch and Sixth Street,

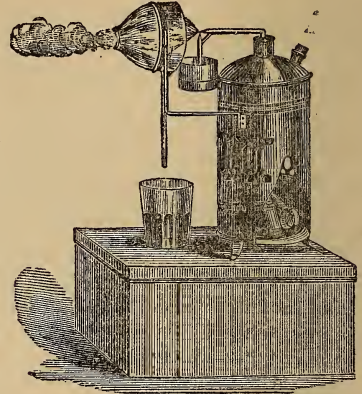
PHILADELPHIA.

485-520

Price, \$1.50 per crust.

FEMALE MEDICAL COLLEGE OF PENNSYLVANIA.

The Seventeenth Annual Session of the Female Medical College of Pennsylvania will commence on Monday, October 15th, 1866, and continue five months. For further particulars address the Secretary, Mrs. E. H. CLEVELAND, M. D., North College Avenue and 22d Street, Philadelphia. 481-497*



THE NEPHOGENE.

The most compact, complete, and *cheapest* steam apparatus yet devised for atomizing medicated fluids for inhalation.

Securely packed for transportation in a metallic box, which also serves for a stand when the instrument is in use, and obviates the necessity of any additional fixtures. Can be used with any kind of atomizers.

Sent by express, on receipt of the price, to any part of the United States and Canada.

Price, \$10. Extra Face Protectors, \$1.00.

Every instrument will be thoroughly tested and warranted perfect in every respect.

"MASSACHUSETTS GENERAL HOSPITAL,

Boston, June 11, 1866.

WILLIAM READ, M. D.:

Dear Sir—The apparatus for atomizing medicated fluids for inhalation, arranged under your direction, has been used for some time in the hospital with entire success. It is perfectly safe, compact, and easily applied. I take pleasure in saying that it is the simplest and most convenient atomizer I have ever yet seen.

Yours very truly,

BENJAMIN S. SHAW, M. D.,

Resident Physician and Superintendent,
Massachusetts General Hospital."

WILLIAM READ, M. D.,
873 Washington Street,
Boston, Mass.

485

PARIS EXPOSITION.

Dr. Thomas W. Evans, of Paris, in concurrence with the Geneva International Committee (for the amelioration of the condition of the wounded upon the field of battle) proposes to make a collection of material which may serve to illustrate the surgical and sanitary history of our late war, for the

EXPOSITION UNIVERSELLE,

to be held in Paris in 1867.

I would therefore call the attention of all interested in HOSPITALS,

HOSPITAL TENTS,

HOSPITAL FURNITURE,

AMBULANCES,

SURGICAL INSTRUMENTS,

or any other military or civil surgical appliance, to a plan which will secure for these articles the best possible exhibition free of any expense to the contributors.

When articles are costly, or of peculiar interest, or are likely to prove of special value in such a collection, a portion of the cost may be assumed by the subscriber, to whom application may be made for additional information, at No. 76 Water Street, New York.

487-492

EDWARD A. CRANE.

MICROSCOPES

Varying in Price from \$20 to \$400.

Microscopic objects of the following subjects in great variety:

Anatomical preparations injected and mounted, both wet and dry. Sections of bone and teeth, Specimens in Natural History, Specimens in Chemistry for the Polariscopes, etc., etc.

Also glass slips, thin glass covers, Canada balsam, marine glue, etc., and for mounting objects, and in fact every thing required by a microscopist, made and for sale by

JAMES W. QUEEN,
924 Chestnut Street,
Philadelphia.

469

Price and Illustrated Catalogues sent free.

JOHN C. BAKER & CO'S COD LIVER OIL.

The testimony of the ablest professors of medicine, alike unsolicited and unequivocal as to the chemical and medicinal purity of Messrs. JOHN C. BAKER & CO'S COD LIVER OIL, testify the manufacturers in calling to its merits the attention of the medical faculty. The process of its facture involves only the loss of the characteristic unpleasantness of taste in the crude oil. Of its pharmaceutical virtues, not one particle is lost in the process of purification. The manufacturers are supported by Professors JACKSON and LEIDY, of the University of Pennsylvania, Doctors MUTTER, DARRACH, HARLOW, YARDLEY, KNIGHT, LUDLOW, and many other prominent practitioners, in inviting the faculty everywhere to test and to prescribe this oil in preference to the more than few unreliable brands that are frequently forced upon the market.

The details of the manufacture of BAKER'S COD LIVER OIL are supervised with jealous care. Nothing but the livers of the true Gadus Morrhua are used, and the result is a pure, almost tasteless and inodorous oil, such as the medical practitioner may prescribe with confidence and anticipate enjoyable results. Respectable apothecaries everywhere that medical literature is in circulation usually sell our brand of oil. The trade is supplied from our head-quarters in Philadelphia.

JOHN C. BAKER & CO.,

718 MARKET STREET.
Philadelphia.

444-495*

PRACTICAL INSTRUCTION IN THE TREAT- MENT OF DISEASES OF THE LARYNX, TRACHEA, POSTERIOR NARES, ETC.; WITH THE USE OF THE LARYNGOSCOPE.

The undersigned is prepared to teach LARYNGOSCOPY and RHINOSCOPY to physicians and advanced students.

A well attended daily clinic affords an admirable opportunity for practical experience in the manipulation of instruments.

TERMS:

In Classes.....	\$15 00
Private Tuition.....	40 00

J. SOLIS COHEN, M. D.,

438 1106 Walnut Street.

FLINT'S PRACTICE OF MEDICINE.

Just issued. Price \$6, cloth.

A copy of this new and popular work on the Practice of Medicine will be sent to any one procuring five new Subscribers to the MEDICAL AND SURGICAL REPORTER, and sending \$25, the amount of subscription for a year.

X

CASH CAPITAL, \$200,000.

THE UNITED STATES ACCIDENT INSURANCE COMPANY,

of Syracuse, New York, insures against
DEATH FROM EVERY CAUSE,

Whether ACCIDENT, CHOLERA, or DISEASE of any kind, with weekly compensation for DISABILITY from ACCIDENT.

COMBINED POLICIES FROM ONE TO FIVE YEARS.

ACCIDENT POLICIES FROM ONE MONTH TO TEN YEARS.

NO MEDICAL EXAMINATION REQUIRED FOR
ACCIDENT INSURANCE.

This is the only Company authorized by its Charter to issue COMBINED LIFE AND ACCIDENT POLICIES, uniting the benefits of both Life and Accident Insurance under one policy and premium, at the lowest rates consistent with the soundness of the Company and the security of the Insured.

Rates for Accident Insurance, FIVE DOLLARS for every \$1000, with FIVE DOLLARS weekly compensation.

A deduction of TEN per cent from above rates will be made to Physicians insuring direct at this office from the General Agent.

WILLIAM A. STEPHENS,
General Agent,
501 Chestnut Street,
Philadelphia.

436-537*

JUST OUT,

PRICE ONE DOLLAR, POST-PAID,
INSTRUCTIONS

IN THE

PREPARATION, ADMINISTRATION, AND
PROPERTIES OF

NITROUS OXIDE,

PROTOXIDE OF NITROGEN, OR

LAUGHING GAS,

FOR DENTAL AND SURGICAL PURPOSES,

BY GEO. T. BARKER, D. D. S.,

Professor of Principles of Dental Surgery and Therapeutics in
the Pennsylvania College of Dental Surgery.

Also a full stock of all the apparatus and material used in making and administering the Gas, on hand and for sale by the publishers and subscribers.

Address,

RUBENCAME & STOCKTON,

Dental Depot,

825 Arch Street,

PHILADELPHIA, PA.

483-495

A WESTERN MEDICAL JOURNAL. THE MEDICAL REPORTER.

A SEMI-MONTHLY RECORD OF

MEDICINE AND SURGERY,

T. S. B. ALLEYNE, M. D., and O. F. POTTER, M. D., Editors.

Subscription, \$3 per annum, or 4 Copies
for \$10, in advance.

ADDRESS,

P. M. PINCKARD, Publisher,

No. 80 Pine Street, St. Louis,

MISSOURI.

SEND FOR A SPECIMEN COPY.

483-X

FOR SALE.

"Appareil Volta-Faradique of M. Duchenne de Bologne." It is in perfect order with the exception of the "pièces de drap," which requires to be renewed. Cost \$142.50; will be sold for \$100.00. (Directions for use.)

Also, one large Ophthalmoscope of "Liebreich for Class Demonstration." Price \$70. Cost \$80.

One Cooper's Eye Douch. See "Walton," p. 14, English Edition. Price \$10. Cost \$13.

A collection of rare Drugs and Chemicals, about 700, for office students, with catalogue. Price \$34, or 12½ cents each.
482 t.f.—X Apply at this office.

NEW ENGLAND MUTUAL LIFE INSURANCE COMPANY. Established 1843.

Assets, December 1st, 1864,.....	\$2,926,254
Losses paid during the year,.....	243,750
Losses unpaid,.....	36,450
Dividends unpaid,.....	184,626
Premiums, cash,.....	\$440,525 14
Premiums, notes,.....	318,607 44
	759,133
Interest received from investments,.....	221,942
Premiums returned,.....	64,203
Expenses of every kind,.....	88,732

This, the oldest purely Mutual Life Insurance Company in the United States, has been uniformly successful, always making large and regular returns in cash to all policy-holders. Last cash dividend THIRTY-NINE PER CENT. It is strictly an institution for mutual protection, entirely beneficent in all its workings and tendencies.

The Insurance Commissioners state its surplus (\$550,000) over liabilities are proportionately GREATER, while its expenses are proportionately less than any other Company.

Economy, caution in its risks, and prudent investments, characterize this Company. Being purely mutual, it insures at the lowest possible rates, and if the premiums paid exceed the actual cost, the surplus is returned.

Every fifth year, when the dividends are declared, the business is, as it were, closed, so that its real condition and solvency are made manifest, and the surplus funds are then divided *pro rata* among all the insured, thus guarding against any possible loss from mismanagement, and providing a guarantee for the future.

Parties at a distance may insure from blanks, which will be forwarded free of expense.

Documents showing the benefits of Life Insurance, with the advantages of the Mutual Plan, and the superior position and marked success of this Company, and explaining the different kinds of Policies, with their methods of payment, may be obtained, free of expense, upon application, either personally, or by mail, to

DIRECTORS.

CHARLES P. CURTIS
THOMAS A. DEXTER,
M. P. WILDER,
SEWELL THAYER,
CHARLES HUBBARD,

W. B. REYNOLDS,
GEORGE H. FOLGER,
F. C. LOWELL,
JAMES S. AMORY,
HOMER BARTLETT.

B. F. STEVENS, President.
JOSEPH M. GIBBENS, Secretary.

Examinations daily at 1 o'clock.

W. D. STROUD, M.D., Medical Examiner.

WILLIAM GETTY, Agent,

No. 425 Chestnut Street, Philadelphia.

446—471*

WILLIAM ELLIS & CO.

WHOLESALE DRUGGISTS,

(At the old stand of Charles Ellis & Co.,)

No. 722 and 724 MARKET STREET,

LABORATORY.—Nos. 10 and 12 SHOEMAKER ST.,

PHILADELPHIA,

OFFER FOR SALE TO

PHYSICIANS AND OTHERS,

A general assortment of

PURE DRUGS and MEDICINES.

Orders from abroad will receive prompt attention.

467—593*

STRUMATIC SALT,

From Mineral Springs, containing

IODINE AND BROMINE,

MANUFACTURED BY THE

PENNSYLVANIA SALT MANUFACTURING
COMPANY.

We would bring to the notice of physicians the virtues of

STRUMATIC SALT,

in the treatment of Scrofula and other kindred diseases.

It contains a considerable amount of Iodides and Bromides—combined with other salts—such as Chloride of Magnesium, Iron, Potassium, Sodium, and used in the form of baths, becomes a very acceptable substitute in diseases where their internal use is contra-indicated.

The Salt is prepared from the menstruum of Salt-wells of the Pennsylvania Salt Manufacturing Co., and every attention has been given to their purity.

The application of Strumatic Salt Baths is especially to be suggested in enlarged glands, and in that depraved condition of blood in which an alterative and tonic treatment is so much needed; in Rheumatism, it is especially adapted, in tertiary syphilis, cutaneous diseases, and diseases of the bony structure.

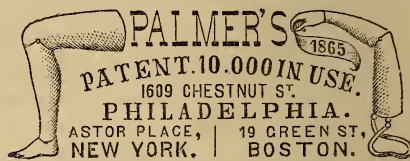
Depot for the sale of the Strumatic Salt, at

For sale by

H. CRAMER,

453—504

320 Race street, Philadelphia.



B. FRANK. PALMER, LL.D.,

PRESIDENT OF THE AMERICAN ARTIFICIAL LIMB COMPANY.

These inventions stand approved as the "best" by the most eminent Scientific and Surgical Societies of the world, the inventor having been honored with the award of FIFTY GOLD AND SILVER MEDALS for "First Prizes", including the GREAT MEDALS of the WORLD'S EXHIBITIONS IN LONDON AND NEW YORK; also the most Honorary Report of the great SOCIETY OF SURGEONS OF PARIS, giving his Patents place above the ENGLISH and FRENCH.

Dr. PALMER gives personal attention to the business of his profession, aided by men of the best qualifications and greatest experience. He is specially commissioned by the GOVERNMENT, and has the patronage of the prominent OFFICERS of the ARMY and NAVY. SIX MAJOR-GENERALS, and more than a thousand less distinguished officers and soldiers, have worn the PALMER LIMBS on active duty, while still greater numbers of eminent civilians are, by their aid, filling important positions, and effectually conceal their misfortune.

ADVICE AND PAMPHLETS GRATIS.

To avoid the imposition of COPYISTS, apply only to

Dr. PALMER,

474

1609 Chestnut street, Philadelphia.

SURGICAL INSTRUMENT MAKER.—LOUIS S. V. HELMOLD, No. 135 South TENTH Street (opposite the Jefferson Medical College), Philadelphia, manufactures and keeps constantly on hand a general assortment of SURGICAL INSTRUMENTS, of the finest quality and most approved pattern. 173

DA COSTA'S MEDICAL DIAGNOSIS.

Second Edition. Just Issued. Price \$6.

For four new Subscribers to the MEDICAL AND SURGICAL REPORTER, and the money for a year (\$20), a copy of this original and popular American work, which has been thoroughly revised, with the addition of much new matter, will be sent. X

SURGEONS OF NEW YORK.

Price \$1.25.

A copy of this work, just issued, containing Biographical Sketches of fifteen Living Surgeons of New York, also a sketch with a fine steel portrait of the late Dr. VALENTINE MOTT, will be sent for one new Subscriber to the MEDICAL AND SURGICAL REPORTER, and \$5. X

THE MEDICAL AND SURGICAL REPORTER.

No. 491.]

PHILADELPHIA, JULY 28, 1866.

[Vol. XV.—No. 4.]

ORIGINAL DEPARTMENT.

Communications.

DISEASES OF THE MOUTH.

By JAS. E. GARRETSON, M. D.,

Of Philadelphia.

Phosphor-Necrosis.

Outside of the association of a patient with phosphorus, there is nothing which, to an ordinary observer, would distinguish the incipient condition of this loathsome disease from a case of commonly severe periodontitis.

The first sign of a commencing phosphor-necrosis is found in one or more teeth becoming sore to the touch, feeling, on the occlusion of the gums, as if raised in their sockets; a short time, and the surrounding gum begins to swell, and in the character of this swelling is the first distinctive sign. It is not the acute, firm, inflammatory swelling of periodontitis, or ordinary necrosis, but from the beginning has a puffy, debased, and degenerating look. You feel as if you might hesitate in adopting any very decided antiphlogistic treatment, or indeed, in employing any other than an expectant one.

Phosphorus acts both on the upper and lower jaw-bones, but, according to my observation, seems to have a much more decided predilection for the lower; as nine to twelve, perhaps.

The history of a case of phosphor-necrosis might be epitomized as follows. Either from a local or constitutional influence, I was undecided which, a degenerative inflammation commences in the alveo-dental periosteum, or in the substance of the bone; I incline most strongly to the belief of its commencement in the latter. The degeneration of this bone progresses until its enveloping periosteum—which remains unaffected, as its vitality is concerned, by the disease—separates from it. The bone dies in bulk or in part. In the lower jaw, the body alone commonly dies, the rami remaining unaffected. In the upper, one cannot well infer where the demarkation will occur. During the process of death, the periosteum, particularly in the lower jaw, is most ac-

tive in the reproduction of new bone, this new bone enveloping the dead, not, according to my observation, completely, but below and on the sides, making a gutter, as it were, holding the dead bone. The separation of the dead from the living bone, when the dead part is at all extensive, occupies a period of from seven to nine months, and is attended with the formation of many sinuses, both in the mouth and about the neck, being very exhaustive to the patient, both on account of the great suppurative drain and the nauseating character of the discharge. The whole of the soft parts associated with the affected jaw, the periosteum perhaps excepted, sympathize warmly during the whole process of the dying and separation, looking indeed as if very badly affected with scurvy. At the period above alluded to, the separation being completed, the surgeon may remove, with little effort, the sequestra, the sinuses then heal, and the parts recover with as little deformity as attends the extraction of the teeth and the ordinary absorption of the alveolar process.

This, I think, will be found the common history of this disease. I have seen and treated many cases, and it is thus that it has presented itself to my observation. I might perhaps add, that the teeth, influenced by the advancing disease, loosen one by one, so as to make necessary their removal long before the bone is ready to come away.

The treatment which I have pursued in phosphor-necrosis, and which I think will be found very satisfactory, consists in the employment of means which shall circumscribe as much as possible the disease, which shall hasten the process of limited death and the accruing separation, and which shall support the patient under the drain to which he is necessarily subjected.

Acting on the impression that there may exist, either in a systemic or local relation, phosphorus, whose force may be susceptible of neutralization, I direct both locally and internally the mineral antacids, the ordinary magnes. carb. is perhaps as good as any other; a teaspoonful twice each day in a goblet of water. In the mouth, as much as may be laid on a three cent piece may be put three or four times a day, and this local and sys-

temic medication is, by the way, a very admirable prophylactic to unaffected workmen.

When a case presents in its very incipency, that is, simulating or developing periodontitis, I commence the local treatment just as I would that of the periodontitis. If the inflammation has about it anything of a healthy acuteness, I limit as much as possible all external irritation, by softening in the gas flame or by the stove a piece of gutta-percha, and mould it over some opposite tooth, or tooth furthest removed from the seat of trouble, a mouthful of cold water hardens this cap, and thus occlusion against the sore tooth or teeth is prevented. A dose of Epsom salts or other saline cathartic is ordered, and a mustard poultice is applied to the side of the face or back of the neck. A hot pediluvium is found sometimes to act very happily as a derivative; or a diaphoretic, such as the spirits of mindererus, may serve a very good end.

If I first see the case—and this is most apt to occur—when a discharge has made passage for itself by opening through the gum at the neck of a certain tooth or teeth, I immediately make a free incision through the soft parts down upon the bone, syringe the parts thoroughly with some medicated water, stimulating or antiseptic, or both, as indicated. Having the parts well cleansed, I stuff the wound which has been made with cotton or sponge. This is repeated the next day and the next, until, particularly as the syringing is concerned, it may be absolutely necessary to repeat it a dozen or twenty times per diem, the progress of the disease being so marked by discharge and offensiveness. As day by day, the cotton or sponge stuffing is renewed, it is insinuated gently between the separating periosteum and bone. This manipulation will be found to hasten the separation wonderfully, and expedite the cure of the case.

It might here be asked, perhaps, by some one, "If this process of working off the periosteum is not an unsurgical proceeding, compelling an extension of the disease beyond that which would have been the result if left to itself?" I can only answer from my experience in different modes of treatment, and say that I am perfectly satisfied that this could not be the case, and that the result is for the good of the patient in every way, the portion of bone destined to die has its death markedly hastened; the sooner the death, the sooner the separation; the sooner the separation and exfoliation of the sequestrum, the less exhaustive to the system.

The compound tincture of capsicum with an excess of myrrh and an addition of the perman-

ganate of potash, is an excellent wash for the mouth in these cases. Cold water, with a little common salt dissolved in it, can be used ad libitum.

The sinuses which are so apt to form upon the neck, in defiance of all treatment, and which greatly annoy by their discharge, are most comfortably treated with dressings of patent lint. Once formed, it is a waste of time to attempt the healing of them; they will only get well when the source of offence in the dead bone is removed. I never have been able to heal one before.

I have remarked that the death is limited in the lower jaw to the body of the bone, the horizontal portion, the demarkation occurring at the angle. I think this, in the vast majority of instances, will be the case, particularly if the treatment has been properly directed. Seven months will be found the minimum time required for the course of the disease. Nine months the more common time, and fifteen the maximum. The drain during most of this time is immense, the patient requiring the most generous tonics and substantial fare. This attention to the repair of wear and tear, is perhaps of greater consequence than any local treatment; certainly, if I could not have both, I would think my chances best with the former. To commence, however, with the ordinary medicinal tonics, I believe to be ill-advised. One cannot keep on forever with them, and by employing them in the beginning of the disease, we lose their powerful assistance at a time when every help is found weak enough at the best. Good underdone roast beef is quite enough for the first two or three months, then an addition may be made of generous malt liquors, together with the salt bath. The latter portion of the time will demand iron, quinine, brandy. The hæmorrhages, sometimes so profuse, are held very well in check by the exhibition, once or twice weekly, of tinct. erigeron.

The period at which the sequestra is ready to be taken away can only be known by examination, the proper treatment being, as I at present think, to wait always until the separation is complete, be this a longer or a shorter time. Nothing, I am satisfied, is gained, by expediting the removal through operative proceedings, as by breaking the bone away, using the chain-saw, etc., while the risk to life is very considerable. To wait patiently, keeping the system capable to the demand on it is the surgeon's highest duty; to do more is to do harm.

The removal of the bone is always to be effected from the inside. I do not think an outside incision will ever be found necessary. If the

opening along the gums, obtained in the treatment, is not great enough, it is easily enlarged to the extent desired.

A step preliminary to the removal of the body of the lower jaw, is its division at the symphysis. This is most easily accomplished by means of the straight-cutting forceps. It is better to cut little by little, from above downward, than to crush through the bone with a single cut; it does not hurt or shock nearly so much. The operation is not a severe one, seldom demanding the patient to be etherized, and yet it is generally enough to be borne at one sitting.

To take away the bone I have never found anything better than the ordinary tooth-forceps, such as is in common use for the extraction of the inferior incisors and bicuspid. With such forceps, the most perfect control of the part is secured, and the removal, as a general rule, easily effected.

A trouble frequently encountered, and one which undistinguished, would prove confusing and deceptive, consists in a grasping of the sequestrum by the lateral overlying tissues—not the new bone, but the indurated soft parts. I recall just now a case which I once had under treatment, where the dead bone being thus held, the physician had been waiting for the separation a period of over two years, being deceived entirely as to the condition of the part. To satisfy oneself as to the state of parts, pass a small hook under the bone, and lift; if the bone yields springy, it is only thus held, and may with safety be pulled through; if, on the contrary, it is firm and unyielding, it is to be left alone, separation has not yet taken place.

In the reproduction of the new bone, which, at the period for the removal of the old, will be found to have obtained such character as to keep up perfectly the shape of the parts, the observer will be struck with the excess deposited along the middle line of the mouth; it seems as if the floor of the mouth was a mass of bone, and which indeed it really is. Nothing, however, will be found necessary to be done with this excess, nature taking all proper care of it.

Phosphor-necrosis attacking the upper jaw, is not, I think, so much to be dreaded as that associated with the lower. It is seldom so formidable in its nature or so destructive in its progress. I have seen the disease in these parts run its whole course with an entire absence of acute action. A portion of bone dies and the surrounding soft parts seem utterly indifferent. One would scarcely know anything abnormal was going on, were it not for the indication given in

the loosening of the teeth, and these drop out somewhat as they would out of the dried skull. This, however, is, of course, not the common history. The inflammatory action is of the same type as that associated with the disease in the lower jaw, but more limited in extent and consequence, and much more susceptible to remedial measures. A bad feature consists in a marked tendency to recurrence of the trouble, but I believe this will mostly be found to be within the control of the surgeon. I think I am justified in saying I have commonly found it so. The removal of sequestrum here is a trifling matter, comparatively little dissection letting the piece pass.

At the Medical Congress in Zurich, Switzerland, Prof. BILLROTH, in citing his experience with phosphor-necrosis, remarked that in attacking the upper jaw, it seemed to act with greater and more destructive force, and was more unmanageable.

I do not know how to reconcile these differences in clinical observation, unless an explanation may be found in the implied greater tendency to return which exists on the part of the disease, when situated in the upper jaw. In the lower jaw, the full part that is to die seems impressed from the beginning. That is to say, a certain portion seems predestined to die, and it dies in defiance of all you may do. Not that the evidence of the disease is general over all the involved part from the beginning; on the contrary, as I have said, the incipient stage is markedly localized; but then, day by day, and week by week, the trouble extends over the apparently predetermined or preimpressed part. When the death occurs, it is a single death, and when the piece is cast off, there is not apt to be any renewal of the trouble. The sequestrum of the upper jaw, on the contrary, is generally small, some portion, most likely, of the alveolar process, but unless the treatment is of the most supporting and specific kind, it is apt to repeat itself, again and again, but your treatment will be responded to here, and thus, with care and attention, you have the amount of destruction comparatively under control. If it is found more unmanageable in Zurich, then the means would not seem to be so well adapted to the end as those here employed, or otherwise the circumstances must be different.

Again, at the same Congress frequent resections are commended. To be so commended, they must of course have been found to answer a good purpose. The patients who have their jaws resected for phosphor-necrosis disease in this country generally die, or if happily they escape death,

they do not find their disease cured without an inflammatory sequestrum at last.

An important objection to the operation of resection, even were the question of life not involved, is the great resulting deformity. Let nature take her course, and there is little or no deformity. My very last patient was a gentleman for whom I removed—or rather waited on nature's removal—the whole body of the inferior maxilla, and I will guarantee that no one could tell whether it had been a case of necrosis or of simple extraction of all the inferior teeth, with the consequent alveolar absorption, so perfect has been the repair in accordance with the destruction. The objection that this new bone keeps up the trouble by becoming involved in the diseased action, is not according to my experience. If it becomes involved, I think it has not been properly cared for. Careful and properly repeated syringings with water medicated with iodine and creosote will protect it.

[To be continued.]

MEDICAL FRAGMENTS.

By PROF. A. P. DUTCHER, M. D.,

Of Cleveland, Ohio.

A Case of Pulmonary Tuberculosis, with Extensive Tubercular Deposits in other Parts of the Body.

January 2, 1866.—I was called to see W. L. T., aged 28, of the nervo-bilious temperament, a machinist by occupation. I was informed that he had commonly enjoyed good health until about three months since, when he had what his physician called typhoid fever. His life was despaired of for several days, but he gradually rallied and has ever since been laboring under a variety of annoying symptoms, such as indigestion, diarrhoea, pain in the back, frequent micturition, painful retraction of the left testicle, cough, and copious night sweats, and on two occasions slight hæmoptysis. Has considerable strength and could take exercise if it was not for the retracted and painful state of the testicle.

For about three years previous to this illness he had charge of the machinery of a large iron works. This required his utmost attention to keep them in running order, frequently being compelled to labor day and night. So long as his digestive organs maintained their integrity he engaged with delight in his occupation, and felt no lack of physical ability to endure such severe toil. Being very ingenious in mechanical engineering, he was frequently consulted by those engaged in the same business, and would spend those periods which should have been devoted to rest, in solv-

ing their difficulties. All these things, no doubt, contributed to produce that dyscrasia that led to the extensive tubercular disease, which ultimately terminated his existence. I could learn nothing in regard to his hereditary proclivities, for he was a foundling. He was an individual of commanding personal appearance, of no ordinary intellectual power, very mild in his disposition, and withal a sincere Christian, one who could die

"Like one who wraps the drapery of his couch about him,
And lies down to pleasant dreams."

At the time of my first visit he presented the appearance of a person suffering with serious organic disease. The tubercular cachexia was marked. Thompson's gingival margin was prominent upon the gums of the upper and lower jaw. Pulse 112 per minute and very feeble; respiration 30; tongue red and pointed; mucous membrane of the throat injected; appetite and digestion bad; bowels tender on pressure, swollen and relaxed. His urine is scanty, and has been so from the commencement of his illness, daily quantity estimated at six ounces, light straw color; nitric acid and heat show it to contain considerable albumen; under the microscope large pus-globules and oil-globules and torula cells are found in abundance. Cough annoying; expectoration muco-purulent, small in quantity; under the microscope it exhibits mucous and pus cells, tubercular granules and a few pulmonary fibres. Feet and hands oedematous; fingers clubbed and nails incurvated. Complaints of pain in the back and a disagreeable fulness in the region of the stomach. On pressure there is marked tenderness over the region of the kidneys; deep pressure on the abdomen produces pain in the same situation. Has no chills or fever at present, and would rest well at night if it was not for the copious perspiration. Mind, hopeful and thinks with proper care he will soon be well.

A careful physical exploration of the chest elicited the following: A capacious chest well formed. On inspection, the expansion movements of the two sides are unequal; the right lung appears to be laboring prodigiously, while the left is almost suspended. Percussion is perfectly flat for about three inches under the left clavicle, but not quite so much so on the right side, over the whole of the part corresponding to the upper lobe. On the right side auscultation elicited loud bronchial respiration from the summit to almost the base of the lung, and between the shoulder humid rales were distinctly heard. On the left side clicking was loud just under the clavicle, and pectoriloquy was very distinct over the entire region of

the superior lobe. The impulse of the heart was very feeble, and the first sound inaudible.

From the clinical history of this case the diagnosis appeared to be perfectly obvious; granular disease of the kidneys, softening of the heart and tubercular disorganization of the superior lobe of both lungs. The prognosis was very unfavorable. The patient was assured most positively that he could not recover. With this understanding I consented to prescribe for him, and under the use of tonics, mild diuretics, and such articles of diet as the stomach could easily digest, he was made comfortable, gained strength, and could take exercise out of doors, walking, on one occasion, half a mile.

About the first of March a new difficulty presented itself. He had for several days complained of pain in the region of the neck of the bladder, with a return of his old troubles, painful micturition and retraction of the testicle. On rising from bed one morning and attempting to pass his urine, he found that nearly all of it came from the rectum. An exploration of the parts led to the discovery of a large fistulous opening between the rectum and the bladder, just above the neck of the latter, on the left side, through which the urine passed.

Various means were employed to obviate this annoying difficulty, but without success. Day by day the patient became weaker; his appetite now failed; his bowels obstinately costive; urine entirely suppressed; symptoms of uremia soon presented themselves and clonic spasm terminated his existence on the morning of the 6th of April. For three weeks previous to death, the kidneys failed to respond to the action of diuretics. The quantity of urine gradually grew less until it ceased entirely. Under the microscope it presented at this period nothing worthy of special note, excepting an increase of the pus cells, which were numerous and very large.

Post-Mortem Thirty-Six Hours After Death,

Exterior. Emaciation not extreme. Inferior extremities somewhat infiltrated with serum; abdomen distended; phlyctenæ at the inner and upper part of the thighs, where the skin was of a light-red color; slight œdema of the upper eyelids and lips; sub-maxillary glands very much enlarged and very hard.

Chest. The left lung was intimately adherent to the costal pleura from its summit to its base. A portion of the upper part of the superior lobe was indurated, containing large masses of tubercular matter in nearly every stage of transformation, surrounding a vast excavation capable of

containing a pint or more of fluid. This cavity connected with the bronchial tubes by three large openings. It contained a small quantity of purulent matter; its rales were rugged and presented the appearance of pulmonary tissue in almost every stage of disorganization. Immediately beneath this cavity there were several small ones, which communicated with one of considerable magnitude, that extended far down into the inferior lobe. This chain of excavations had no connection with the bronchial tubes. It was filled with ill-conditioned tubercular pus, and its walls were lined by a smooth, delicate membrane, common to tubercular cavities of recent formation. In the remaining portion of the inferior lobe there were a large number of tubercular deposits, varying from the size of a pea to that of a walnut; the pulmonary tissue surrounding them was of a dark-red appearance and very much congested, rendering the entire lobe perfectly useless.

The right lung was slightly adherent between the third and fourth ribs. About one-fourth of the upper portion of the superior lobe was perfectly consolidated from the infiltration of yellow tubercle, while the remaining portion of the lobe was occupied by a very large cavity filled with tubercular pus; this excavation was lined by a membrane similar to that in the left lung, and had no external opening. The middle and inferior lobes contained numerous tubercular masses in various stages of softening, and the surrounding pulmonary tissue very much congested. The bronchial glands generally indurated from tubercular deposits, and several of them were in a state of softening. The bronchial mucous membrane was unusually red throughout its whole extent, and congested, but no tubercles were found upon its free surface. The heart was small, its walls very thin and soft. The pericardium contained about four ounces of serum.

Abdomen. The stomach contained a large quantity of undigested food, but presented no abnormal appearance. The duodenum and small intestines were healthy; the colon was unusually large and impact with fecal matter, from the cæcum down to the sigmoid flexure; the rectum was empty, and its mucous membrane injected and red. The mesenteric glands were increased in volume and almost wholly tuberculous; this was also the case with the mesocœal, and also the right mesocolic glands. Liver pale and slightly adipous. The spleen contained several tuberculous masses of a large size, and its tissue was redder than natural. The kidneys were much larger than common, of a pale pink color, very soft, and when opened exhibited all the appear-

ances of fatty degeneration coupled with tuberculosis. In the inferior portion of the left kidney there was a large mass of tubercular matter undergoing the process of softening. Its state presented a fine illustration of the doctrine that tubercular deposits always commence at their centre to soften. The central portion of the mass was as thin as ordinary pus, and as we proceeded from within outward, its density was found to increase until it became as hard as tubercle in the last stages of induration. Annexed is a diagram of the kidney. It is represented one-third the size of life; laid open equally from its summit to the base.



The bladder was small, but exhibited no lesion, excepting the fistulous opening already mentioned; this appeared to have been caused by the softening and expulsion of a mass of tubercle situated between the rectum and bladder. The location of the prostate was occupied by a large cavity, which had a small opening into the fistulous passage from the bladder to the rectum. So far as I could see, not a vestige of the gland was left. The left testicle was retracted by the contraction and induration of the spermatic cord. The vesiculæ seminales were rather voluminous, indurated, and filled with a very firm tuberculous substance, divided into masses by the natural cellular intersections of the parts.

The head was not examined.

This case was unique in several particulars:

1st. The rapidity with which the disease

was developed and proceeded to a final termination.

2d. The extent of the tubercular deposits and the number of the organs involved.

3d. The fatty degeneration of the kidneys, the large tuberculous mass in the left, and the super-vention of uræmia from the abolition of their functions.

4th. The fistulous opening between the bladder and rectum, the total destruction of the prostate gland, and the invasion of the vesiculæ seminales by tubercular infiltration, presenting at once a mass of ruin seldom met with in the history of pulmonary tuberculosis.

PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS OF THE TRUNKAL MUSCLES, WITH THE THERAPEUTIC INDICATIONS INVOLVED.

By E. P. BANNING, M. D.,

Of New York.

(Continued from p. 37.)

Having now considered the influence of a relaxation of the trunkal walls upon the inferior extremities, the bladder, ureters, kidneys and prostate gland, and shown that in the management of chronic affections of these organs, an element of mechanical therapeutics is indicated, I propose now to consider the effect of visceral depression consequent upon muscular and ligamentous laxity, upon the abdominal and pelvic portion of the alvine canal, confining myself wholly to the physical and philosophical department of the subject. And if I *seem* to ignore the domain of medicine, and to be "a setter-forth of strange gods," it is only because I now seek to elevate some fundamental truth from the condition of a *mere latent fact*, to that of an active powerful and concordant principle. And first,

Of the pelvic portion.

Here, it is again necessary to ask a moment's attention to the considerations embraced in the two figures heretofore published, in their relations to the several functions of the rectum.

It is plain (not to tediously recapitulate) that by and through the permanently elevated condition of the abdominal organs, and the proper oblique bearing of the pelvis, brought about by the advanced position of the dorso lumbar spine as in fig. 1, that the rectum is very considerably, if not *totally* sheltered from superincumbent pressure, and is left to the free and full exercise of its use in the fecal function and the hemorrhoidal circulation. In such a condition the rectum may be either slowly or suddenly filled, by the unappreciable vermicular action of the colon, jeju-

num, and ileum, and the peristaltic arterial, and the valvular hemorrhoidal circulations are each steadily performed, with no special effort or stress of any fibre; and so the diurnal alvine, and the perpetual portal circulation are carried on according to order. But in the depressed condition of the viscera as represented by fig. 2, (the perfect mathematical contrast of figure 1,) we see, both from the drooped form the retracted epigastrium, and the tumid hypogastrium, that there must be a more or less settling of the intestines into the inferior pelvic strait, and that they are most liable to correspondingly impinge upon the rectum, and as the sacrum is unyielding, the effect will be to embargo, both the descending fœces, and the ascending hemorrhoidal circulation; thereby, of necessity, initiating, if not consummating, both constipation and hemorrhoidal congestion.

Therapeutic Indications.

Of course, when constipation and hemorrhoidal congestion are primarily induced by hepatic torpor, or other pure constitutional influences, medicine and hygiene, are usually adequate to the cures. But when the above morbid relations are in operation, it must be manifest, that applications through the mere organic susceptibility, unaided by some rational *physical* force, never can fully enfranchise the oppressed circulations. Hence we learn why it is, that the retracted epigastrium and full hypogastrium—or else a remarkably flat one—are usually concomitant with constipation and hemorrhoids,* and, also, why it is that established constipation and hemorrhoids, are so seldom more than mitigated, so long as only alterative and aperient means are continued, simply because the *non-feasance* is sustained in perpetuity by a more or less perpetual mechanical force. Cathartics diminish the congestion and irritation by exciting secretion and a temporary peristaltic action, and so also temporarily mitigate hemorrhoids, by softening and evacuating the impacted fœces which have been adding to the obstruction of the hemorrhoidal veins by an irritating pressure from within. We also see why the best performed operations for hemorrhoids have so frequently to be repeated, simply because the abdominal viscera are not properly elevated. Hence the congestion of the veins continues, and fresh portions of the mucus membrane are forced down under the usual straining, caused by the concomitant diarrhoea or the expulsion of hardened fœces; and lastly, we see why constipation is so gene-

rally a concomitant of piles, the latter being the simple sequence of the former. Surely, then, whatever else may be deemed necessary in the premises, we are coerced to say, that a thorough erection of the body, and an elevating support to the bowels are indicated.

Finally, I conclude by affirming that the above deductions are sustained by a large number of practical tests.

Case 1. A young lady of 21, slight build, was about totally constipated, skin had become dark and mottled; odor of the body musty; breath offensive; headache was perpetual, with habitual drowsiness, hands and feet cold; eyes dull and yellow. She was sent to me by Prof. DE LA MATTER, as an extreme test of the principal of abdominal and dorsal support in most unyielding constipation, where alteratives and cathartics had not only failed to cure, but also, to move the bowels temporarily.

In this case, as there was no peculiar appearance at the epigastrium, or hypogastrium, I entertained but slight hope from support, but made the application with the happiest results. The diurnal evacuations were re-established. The smutty appearance of the skin, pain in the head and drowsiness, disappeared.

Case 2. Aged 27—had been seven years so constipated that but one partial evacuation a week could be obtained by all the cathartics and enemas which could be administered. She was so extremely emaciated as to be nearly destitute of a supporting point at the abdominal base, her form was greatly retracted at the stomach, from having spent several continuous years in a semi-vertical position in bed; limbs were of marble coldness, her stomach rejected everything. To this case a supporting brace was applied, her head and shoulders were laid very low, and her hips elevated above the shoulders, by ten inches of blocks under the feet of her bedstead, nothing else was done; in about thirty minutes she called for the chamber, and in about the same time ordered hot bottles taken from her feet, "they were too warm." This was followed by four evacuations per day, for four successive days. Evacuations appeared like branny scales, which had been packed away, and had no odor. On the fourth day flocculi of bile appeared, and in about ten days the bowels returned to one daily movement; irritability of stomach disappeared. She shortly after recovered her flesh, and has since become a healthy wife and mother. The rationale of these representative cases I take to be this, viz., the support and change of posture, first removed the obstruction from the rectum; 2d. That the up-

* The compression of the rectum is usually much more extreme, in the retracted abdomen, in consequence of the visceral descent being more vertical and direct.

ward pressure and support acted as a stimulant to the stomach, liver and bowels, which had become dormant in consequence of having lost that organic tone, which is so dependent upon reciprocal warmth and support, through the energetic action of the abdominal and dorsal muscles.

Of Abdominal Support for Hemorrhoids.

Case 1. A married lady, aged forty-five, after continued constipation, became the subject of hemorrhoids to such an extent that evacuations could only be effected during the recumbent position, for something like one hour. Said nature was ready, but on bearing down, something choked the passage, but after bleeding freely she could succeed. External tumors, very tender when in vertical posture, require several hours to recover from the effort to evacuate; called doctors humbugs. To this lady I did nothing but support the abdomen and back, by which she seemed renewed on same day of application, and amazed her family by tacking down a carpet.

Relief to both constipation, hemorrhage and hemorrhoidal tumors in this case, came by so supporting the abdomen as to remove pressure from rectum and veins.

Case 2. A very tall and lank-bodied clergyman, surrendered his pulpit, owing to exhausting hemorrhoidal hemorrhage, and painful external tumors whilst standing. Had become nearly exsanguined; his abdomen was extremely flat and flabby, and he complained not only of a sense of constant pressure at the anus and the hollow of the sacrum, but also of what he termed a "gaunt and gone feeling at the stomach," felt better when he braced up his abdomen with his hands: applied abdominal and dorsal support with an immediate general sense of comfort. Two weeks after, he reported himself well; his strength was improved, color good, and all pain, tumors and hemorrhage had ceased. Said he was able to return to his pulpit.

It is with reluctance that I refrain from a citation of many cases of extreme *prolapsus* ani also, which came under my care in the army hospitals at the front and in the cities, showing incontestably that the above principles apply to the severest of such cases, without one excepting instance.

Effects of Muscular Relaxation upon the Abdominal portion of the Alimentary Canal.

Of course it is obvious that the effect of abdominal laxity, is that of deficient support to this portion of the alimentary canal.

First, then, before we speak of the results of muscular laxity, let us clearly understand the *normal status* of the abdominal viscera under a

strong condition of the muscles, and what are some of the benefits of such a normal state, viewing the subject purely in the light of reason and known physiological axioms. It is palpable, that with all the muscular braces in full vigor, the force of visceral gravity is not merely negated, but that the whole abdominal series are aggressively in the ascendant, (a perpetual *flood tide of viscera* as it were) wherein each lower viscus is compelled to crowd upward its successive neighbor, until the diaphragm is rendered not only *concavo-convex*, but also actually *tense*. This is the normal and objective condition, from which are derived the following palpable benefits:

First. The viscera are physically protected and preserved in the position best adapted to educe their respective functions.

Second. Their animal heat is increased by juxtaposition.

Third. The vital and functional tone of the viscera is greatly exalted, by virtue of the stimulus of pressure, according to order.

In this normal physical state then, all things being equal, we may expect a comfortable physical state of the organs, an energetic digestion, and a high degree of vital force for maintaining their functional equanimity under disturbing influences.

This prepares us to foresee, that a depressed condition of the viscera, consequent upon a laxity of their muscular and ligamentous braces, produce the following sensational and functional results:

At the tumid hypogastrium may be experienced a sense of dead weight. Also, at the locality of the stomach, liver, and spleen, a sense of "emptiness and goneness," and dead, dull, hanging, or dragging weight, all of which are aggravated on erecting or jolting the body.

Indeed, what practitioner has not frequently met these unintelligible expressions, and passed them as "whims," prescribed generally for them as "nervous weakness," or else diagnosed them to be chronic inflammation of the diaphragm, stomach, liver, or spleen, and *laid seige* to them by tonics rubefacients, the cautery, and internal remedies, under the impression that their origin was inherent.

On this point I bear conscientious testimony that many thousand of such anomalous cases, after lengthened heroic treatment, have come under my notice, who often, in an incredibly short time, have been completely relieved; that they were not suffering from *primary disease*, but from

a morbid *mechanical condition* of the viscera and their ligaments.

The simple fact is, that these patients are not all *spleeny* fools, and that these quaint expressions are the simple and eloquent indicators of the morbid physical bearings of the viscera; and most forcibly indicate what at least a *portion* of their treatment should be.

Said Professor SAMUEL JACKSON, "a certain lady was always perplexing me about her sense of *goneness at the stomach*; and when I told her there was no such a symptom in the books, and when I pressed her to explain herself, she said, 'Well, I feel at the pit of my stomach like a *drawn chicken*.' This," said the Doctor, "gave me some inkling of the case, but it remained for you, Doctor, to unfold the philosophy of it in its completeness."

Said an elegant lady to her physician, after having been treated, for twelve years, by salivations, bleedings, leechings, and blisters, for a chronic inflammation of the liver: "*Doctor, my liver is not sick, it simply feels as though it were hung from where it is hitched.*"

In both these cases their *contour* was like that represented in fig. 2.

But if so slight a violation of this primary law of place so potently affects the grosser attributes of the viscera, much more may it affect those finer susceptibilities which eliminate their *vital* functions. Hence, we see that under a consequent diminished animal heat, and low vital tone of the stomach, liver, and pancreas, we may expect any of the phases of visceral derangement from those affecting the functions of the *body*, to those which unbalance and disturb mental, moral, and social attributes of the system. These effects may manifest themselves in the form of torpor, or irritation; or may assume both phases in alternation, they being but different manifestations of one and the same principle.

[To be continued.]

CASE OF CANCER OF THE STOMACH.

By C. P. FROST, M. D.,

Of Brattleboro, Vt.

[Read before the Vermont Medical Society.]

Charles Thomas, at his death aged 65 years, a man of large frame and great muscular power, weighing at one time 300 pounds, was compelled to desist almost entirely from labor in Nov. 1865. Previously to this time he had complained of his stomach, and had at times vomited his food. He did not place himself under the care of a physician till about the middle of May, 1866, when my partner, Dr. G. F. GALE, was called to see him and

he was subsequently visited by us both. About the time of Dr. GALE's first visit, he had vomited a large quantity of blood and had also passed some by the rectum. The same thing had occurred once before, though the amount of blood lost was not as great in the first instance as the last. At this time there had been considerable emaciation, the pulse was almost imperceptible at the wrist. There was no fulness to be detected over the stomach—and no tenderness on pressure, except at a point in the right hypochondrium. He suffered, however, continually from pain in the stomach and matters taken into the stomach were almost immediately rejected in some instances, and often without any change in appearance, or in taste to the patient. The diagnosis, at this time, easily made out was that the location of the disease was at the cardiac orifice of the stomach and was either ulceration (simple) or cancerous disease. On the 4th of June he vomited what appeared to be portions of the mucous lining of the stomach, separated by sloughing from the sub-mucous tissue. The pieces were an inch and a half long, by nearly half an inch wide. He was unable to swallow anything at all solid for some weeks before his death, and for ten days of the last of his illness, probably no nutriment passed into his stomach, nearly everything being stopped in the œsophagus and in a short time ejected by eructation.

He died June 11th, after several days of extreme suffering. An autopsy was made ten hours after death. The body was greatly emaciated, and would hardly weigh more than 125 pounds. On making a section of the abdominal walls, the stomach was found much contracted. It was removed with the lower portion of the œsophagus. At the cardiac extremity and lesser curvature in front was found an opening through all the coats of the stomach, including its peritoneal covering. This opening was nearly circular and about one-fourth of an inch in diameter. This was covered by the left lobe of the liver, between which and the portions of the stomach surrounding this opening slight adhesions had formed; and a spot of ulceration of the liver had commenced over the opening in the stomach, extending from that opening toward the œsophagus was an ulcerated surface from which the mucous membrane had sloughed. There was also a deposit of hard white substance near the orifice of the stomach, which was believed to be scirrhus—and throughout the sub-mucous tissue in this region and extending for half an inch or more up the œsophagus, was a deposit which increased the thickness of these walls. When this was thickest, the wall was

readily torn by the fingers—it was hard to the touch, and of greyish white color. ROKITANSKY enumerates as the distinguishing marks between simple induration and hypertrophy of the stomach and scirrhus, the preponderating increase in the latter, of substance in the sub-mucous cellular tissue and its want of uniformity, the accompanying cartilaginous hardness and closeness of texture, the fusion with the mucous and muscular coats and particularly the alteration in the muscular tissue itself.

Microscopic examination confirmed the decision that it was cancerous disease, so satisfactorily made out by its correspondence to ROKITANSKY'S description of cancer of this organ.

THE FIRST CASE OF CHOLERA IN NEW YORK, IN 1866.

By E. H. M. SELL, A. M., M. D.

Whilst in the drug store of SPANGENBERG & ZITZ, No. 883 Broadway, at half past two P. M., Tuesday, June 26th, the saloon-keeper of 889 Broadway, corner of Nineteenth street, came in, requesting one of the apothecaries to go with him, stating that Officer JAS. M'CORMICK of the 29th precinct of the Metropolitan Police authorized him to call in the first medical aid he could find, as a woman was suffering in his saloon of sun-stroke, and apparently in a dying condition. But the reply was: "We are no doctors here and do not go out; call in the nearest doctor." The man responded that the case was urgent and he knew no doctor near at hand. I then informed him that I was a physician, and was ready to accompany him if he desired. He gratefully accepted my services and we soon joined the officer with the patient. Cold was applied to the head, and five grains of the muriate of ammonia were administered, and she soon recovered her sensibility and speech, when I learned the following facts from herself: that her name was Margaret Alice Firth, and that in the Bowery she had fainted and had been treated for sun-stroke in a drug-store, and after feeling better she, by riding in the cars and walking fast in the sun, had reached the above named place, where she entered and asked the saloon-keeper's permission to sit down awhile, as she felt very sick. A few minutes after she fell fainting from her chair. Here I was called in. Her fainting was due not so much to the direct rays of the sun as to her own physical weakness, not having eaten anything since the previous Saturday, and suffering all that time from diarrhoea. On the day and night previous she had been intoxicated, according to her own confession, having taken at least a dozen

glasses of spirits, which, together with the overheating of her blood in the sun, produced the passive congestion, simulating insolation. Before all these facts were ascertained, other and graver symptoms presented themselves, viz: vomiting and strong cramps of the extremities, cold tongue, blue lips and hands, and a pulseless wrist, and not least, rice-water discharges, presenting me at once with the most striking features of a true case of sporadic cholera, or "cholera Americana," so that no one, though like myself, having never personally seen one before, could for a moment be in doubt about it.

I so reported the case to the officer present, advising her removal to Bellevue Hospital, in a close carriage as soon as she was better, and the sun shone less warmly. Whilst the officer went to report the case and call in help, I personally procured medicine and administered at short intervals, according to the recommendations of Drs. HORNER and HARTSHORNE, from eight to ten drops of chloroform, and ten drops of the spirits of camphor, ice to eat, especially when her lips turned blue.

The cramps were always allayed by frictions, not having any mustard, which I should otherwise have used as sinapisms over the abdomen and extremities. I thus worked for two hours, when Dr. B. F. DAWSON, one of the inspectors of the "Board of Health," made his appearance.—He agreed with me as to the disease, approved of my treatment and also of sending her in due time to Bellevue.

At the doctor's suggestion, I added ten drops of laudanum to each dose of the former medicine and administered brandy. Dr. DAWSON hearing the good result Dr. DALTON, the superintendent of the Board of Health, of this city, obtained on injecting four ounces consisting of equal parts of brandy and a strong decoction of green tea, suggested the propriety of trying it in the case before us. We employed it once, but precisely with what result, would be difficult to say, since the other remedies were likewise continued. Doubtless it is worthy of a fair trial. Having both worked another hour and a-half, the patient, feeling considerably better and stronger, her pulse having been restored by bathing hands and wrists in hot water, she was conveyed to Bellevue Hospital, at 6, P. M.

On her way thither she sat up in the carriage and ate pieces of ice, and reached the hospital in about the same condition; presenting these symptoms on her admission—vomiting, purging, cramps of the stomach and extremities, blueness of the skin, with cold extremities; her urine was found

albuminous, containing hyaline casts. She gradually improved, being very much better on Thursday, perspiring quite freely and having had no more discharges since the previous night. However, on Friday she all at once presented a typhoid type, viz: delirium, coma-vigil, and carphologia. On being left for a moment by the nurse, she left her own bed and occupied another, some distance from hers. She died at 11 A. M., on Sunday July 1st.

Feeling no small interest in the patient, though poor and abandoned, I followed up the case by visiting her at Bellevue, on Wednesday, the day after her admission, and on Thursday and Saturday succeeding. She was alone in a ward of the pavilion, attended by Dr. AMABLE, the house physician and Mrs. ELIZA MILLER as nurse, Dr. LOOMIS being the attending or visiting physician.

Her treatment in the hospital was briefly the following: Tuesday evening, ten grains of calomel, sinapisms over the chest, abdomen and soles of her feet. Forty drops every two hours of the following: R. tincturæ opii; tincturæ camphoræ, et tincturæ capsici part æq.

The extremities and abdomen were bathed with the following: R. tincturæ capsici f. ʒss. spir. vin. rect. f. ʒviii. M. And during the night she took five powders, containing gr. ½ morphinæ sulph. each. She also received an injection of brandy and water, about two ounces of each.

Wednesday, June 27. In the morning, ten grains of calomel. Morphinæ sulph. gr. ½ was continued. For vomiting she received two tablespoonfuls aquæ calcis in same quantity of milk every hour, but this doing no good was discontinued, and the following substituted: R. bismuthi subnit. ʒij; morphinæ sulph. gr. j. M. et ft. chart. No. vi. S. one powder every three hours.

Thursday, June 28th. Much better to-day. Received a tablespoonful of beef-tea every half hour, and a teaspoonful three times a day, of the following:

R. Strychninæ sulph.,	gr. j.
Quinæ sulph.	ʒi.
Tinct. ferri chloridi,	f. ʒij.
Syrup. simpl.,	f. ʒj.
Aquæ,	f. ʒijss. M.

Friday, June 29th. Passed into a typhoid state. Received forty drops every two or three hours of the following: R. tincturæ catechu, camphoræ, capsici, opii, partes æq.

The morphinæ sulph. gr. ½ was continued every two hours till sleep followed.

Saturday, June 30th. About the same treatment was pursued, so on Sunday, July 1st, when she died at 11 A. M.

On Monday, July 2d, I witnessed the post mortem, as performed by Dr. JAMES BROWN BURNET, one of the house physicians, which revealed the following interesting pathological facts of the case:

Rigor mortis of the legs, not of the arms.

Weight of the brain 46 oz., healthy, its membranes likewise healthy.

Pleuritic adhesions on both sides.

Weight of right lung 1 lb. 6 oz.

“ left “ 1 lb. 1 oz.

The upper lobe of left lung quite tuberculous, containing a small cavity at its apex. The lower lobe contained a few tubercles and a small cavity at its base. The lower part of upper lobe of right lung tuberculous. But a few scattered tubercles throughout the rest of the lung.

Heart healthy, weighing 8 oz.

Liver slightly fatty, weighing 3 lbs. 12 oz.

Kidneys fatty, weighing together 10 oz.

Ulceration of both the large and small intestines, from stomach to anus. On the large, small scattered round ulcers were visible, with thickened edges, and considerable injection, but apart from the ulcers. On the small intestines, Peyer's patches were much ulcerated, presenting a worm-eaten appearance. Solitary glands were in many instances, also, ulcerated, and at times stood out enlarged as small white bodies, the size of a pin's head. The principal trouble was confined to the lower half of small intestines. Mesenteric glands not enlarged. Intestines contained one gill of fluid fecal matter, stained throughout by bile. Gall bladder full. The uterus presented a slight corrosive ulceration at the os. There was also a similar ulceration of vagina, surrounding the neck, some of them moderately deep. Weight of uterus 1 oz.

Remarks. That this has been as true a case of cholera as any one presenting itself this season, I state without any hesitation. I mean sporadic or American cholera, for I do not believe that there has been so far, a single case of true epidemic Asiatic cholera in our midst, nor more sporadic cases this summer than most other seasons.

These cases are all produced by some external or internal local cause, call it poison or what you please. The subject of our article evidently brought hers on by great fatigue, loss of sleep at night, and imprudent life, drinking strong spirits, lager beer, ginger beer, mineral, soda, and ice-water, &c., without moderation. Cholera was evidently but the remote, whilst uræmia the immediate cause of her death, as proven by the post mortem, and explained by the coma. At-

though the tenement of so many diseases, the patient might have lived yet quite a time, but for the attack of cholera, and under all human probability would have recovered from the latter, but for the former grave complications. I am open to confess that I believe brandy to have been contraindicated in this case, whether given by the mouth or by enema.

While I do not agree with Dr. URE, of Edinburgh, who says that "there never was a greater error committed than that of giving capsicum, mustard, camphor, brandy, &c., in cholera," I do believe that they are frequently contraindicated. My readers will know when brandy is useful, and when detrimental in dysentery; it is the same in cholera. My next case of cholera I shall treat in the following manner: put from five to ten drops of an equal proportion of sulphuric and nitric acid into a tumbler of water, with a little sugar, and have the patient to drink freely of the mixture. At first, both vomiting and purging will likely be more frequent, but the discharges will become more consistent as you push the remedy resolutely. On the following day I would administer: *R. pulv. rhei. gr. j., and pulv. opii. gr. ½ every three or four hours.* I am indebted for the above to a doctor who passed through two true epidemics, one at Paris, the other at Strasburg.

BIOGRAPHICAL SKETCHES OF

Distinguished Living New York Physicians.

By SAMUEL W. FRANCIS, A. M., M. D.,

(Fellow of the New York Academy of Medicine.)

II.

John William Draper, M. D., LL. D., etc.

"Spent them not in toys, in lusts, or wine,

But search of deep philosophy.—ABRAHAM COWLEY.

DR. DRAPER was born in St. Helens, near Liverpool, England, May 5th, 1811, and was the son of JOHN CHRISTOPHER and SARAH DRAPER. As soon as his physical frame warranted a close application to study, his father, who was a clergyman, of the Wesleyan Methodist order, availed himself of the privilege accorded his profession, and sent his son to a public school at Wood-House Grove, where he became instructed in the primary branches of an English education, and subsequently made rapid progress in the more intricate paths of mathematics while under the guidance of private tutors, who also awakened zeal in the investigation of chemistry and physiology. A later course was faithfully followed out in the University of London, and the doctor's formal education was finally completed at the University of Pennsylvania, whence he was graduated M. D., 1836, hav-

ing visited his family in America three years before. Much of Dr. DRAPER's rudimental chemistry was instilled into his mind when a student in the office of Dr. TURNER, a man qualified, in many respects, to teach.

Previous to the study of medicine, he had entered into no business engagements whatever, and as an additional proof of his fitness for this responsible profession, on asking him if he would be a doctor again, he replied "yes; it is an honorable profession." Dr. DRAPER's thesis was on "Glandular Action," and met with so favorable a reading by the faculty, that it was at once reported for printing, and aided not a little in bringing his original mind and careful study before the community.

Almost immediately after receiving his diploma Dr. DRAPER was called to fill the chair of Professor of Chemistry, Physiology and Natural Philosophy, at Hampden Sidney College, Virginia, where he remained till 1839. From that time to the present, a period of over a quarter of a century, he has continued to lecture to the student and write works of merit. Among his first contributions may be found those published in the "*American Journal of Medical Sciences.*"

In company with Drs. MARTYN PAINE, VALENTINE MOTT, GUNNING S. BEDFORD, GRANVILLE SHARP PATTISON and JOHN W. REVERE, he inaugurated the New York University Medical College, of which they were the founders; and in 1841 was elected Professor of Chemistry, Physiology being associated with that chair in 1850.

Though Dr. DRAPER practiced in Virginia during the early part of his experience as a physician, and subsequently in New York; with him private investigations; the development of some scientific hypothesis, and a certain and never-failing desire to expose the fallacy of popular mistakes, have so occupied his time and with better results, that he has not been able to devote his energies to the practical treatment of disease. To condense a criticism it might be truly said of him that he has spent more time and patience in the discovery of preventing disease, by hygienic laws, the result of experiment, than many flourishing and practicing physicians, during a life-time of cases, who are too apt to wear a rut in their minds and go on in the usual way, while he takes nothing for granted that cannot be proved. During these hours the doctor has unfolded mysterious truths of startling import. It is through his agency that we feel that the heart is not the principle or only source of circulation, but that capillary attraction and muscular exertion are entitled to profound attention. So, also, during his chemical

experiments he did much for the photograph; and not a few improvements in the present sensitive action, as well as other original processes, are due to his genius. To him are we indebted for the practical application of the action of light in regard to the daguerreotype process of taking portraits. But that which is peculiarly novel in enunciation and striking as to its originality, is the doctor's theory of what might be called panto-photography. Some four years since I attended a lecture of Professor DRAPER's, which he delivered before the students and faculty of the University Medical College, and in it he clearly stated that it was his belief that no action at any time under any circumstances, or in any place, goes unrecorded. In other words, that a man striking a person in a room or in a court-yard, is permanently photographed on the stone or surrounding sides, whatever they may be. Of course, the next deed is photographed over this by the action of the air and light. But if the tombs of the Pharaohs could be opened, Dr. DRAPER stated that he believed, by a proper series of actions, the funeral procession, of over four thousand years ago could be brought to view. This idea alone is grand; and though merely what TERENCE might call a *homunculus*, it calls up pleasant feelings for me to assert that I, for one, believe in this, and that in a few years it will be employed as a means of detection.

Dr. DRAPER was married to Miss ASTORIA C. P. GARDNER, in England, and has had six children. His two sons, JOHN C. and HENRY DRAPER, are fast following in the footsteps of their illustrious father. The Smithsonian Institute recently published a work, by Dr. HENRY DRAPER, on the Telescope and Silver Lenses, he having taken the largest photograph of the moon on record. This honor is only one of many, both of his sons being professors of chemistry, physiology, and natural philosophy in different institutions.

Though fifty-five years of age, and having passed much of his time in the laboratory, Dr. DRAPER's health is unimpaired, and an observance of hygienic laws will enable him to live till many of his original and wonderful prognostications are realized, and the community convinced. His last visit to Europe was paid in the year 1860, when he found much that was interesting, and freshened his mind by the absence of that haste which is peculiarly idiopathic in an American country.

On asking the Doctor why he did not smoke, I received the laconic answer, "It is a dirty practice." This is not all his opinion, for some remarks in his physiology will show that he deems the use of tobacco as a luxury exceedingly in-

jurious, and, to a certain extent, an acquired and morbid taste. Nor does he stand alone in this view, for, at the present time, the French savans are treating the subject with the profoundest attention, and, by a statistical reasoning, show that it is not merely a "slow poison," but, in not a few cases, speedily affects the mind, eyesight, and digestive organs, besides deranging, to an alarming extent, the nervous system.

There are those who have maintained, in their severe criticisms of the Doctor's writings, that he is in many respects devoid of religion, and that an atheistical atmosphere pervades his works. In the face of all this slander I wrote to the Professor, informing him, that as I was about to prepare his biography, I desired to know what his religious faith was, and received in reply, over his own signature, the comprehensive statement that it was "Protestant Episcopal." Gratifying, indeed, is it to be able thus to record in print that one more illustrious man is a follower of the true faith!

Professor DRAPER has paid more attention to physiology and chemistry than any other branch of science, though much of his time has also been employed in the study of botany, natural history, and the higher order of optics.

His height is 5 feet 5 inches, and weight 158 lbs.; his countenance ruddy, hair and eyes dark, and appearance that of enduring stoutness.

As a lecturer he is concise without being ambiguous; distinct in enunciation, calm and unimpassioned in utterance. He will explain the phenomena of lightning, or manufacture prussic acid, with the same measured tone with which he lectures on milk; and having told his story so that all can comprehend, leaves enthusiasm to his hearers.

His self-possession is remarkable. I remember on one occasion, that a lump of phosphorus slipped down his sleeve while lecturing to his class. We all knew that the burn would be rapid and serious. But simply saying, "Gentlemen, phosphorus ignites spontaneously, and cannot be extinguished with facility; you will therefore excuse me," he quietly left the room, removed his coat; took out the piece that had not yet taken fire, returned, and resumed his lecture with a precision that can only be equalled by the exactness of a fine organ that has been suddenly stopped, and, when set in motion, takes up the melody where it had left off.

Dr. DRAPER is a member of many literary and scientific societies at home and abroad; and was recently elected an honorary member of the New York Historical Society. He is also a Fellow of

the New York Academy of Medicine, and President of the University Medical College, New York.

His works are as follows:

1. Text-book on Chemistry.
2. Text-book on Natural Philosophy.
3. Treatise on the Forms that produce the the Organization of Plants.
4. Treatise on Physiology.
5. History of the Intellectual Development of Europe.
6. Thoughts on the Civil Policy of America.
7. Many Memoirs in American Periodicals.
8. " " English "
9. " " French "
10. " " German "
11. " " Swiss "
12. " " Italian "
13. His "Contributions" to the London and Edinburgh Philosophical Magazine would make 1 vol. 8vo. of 1000 pages.

There are few descriptions in the world more subtle, minute, or poetically beautiful, than his "Theory and Explanation of the Philosophy of Hearing."

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
April 21st, 1866. }

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Necrosis of Fibula.

John S—, twelve years of age. On the outer side of the right leg three openings are perceived, over the fibula. The probe introduced into them comes in contact with a rough surface, that of the bone denuded of periosteum. These openings communicate with the cloacae, or orifices in the new shell of bone, enclosing the dead portion of the shaft of the fibula.

The boy was placed under the influence of chloroform, and then the openings were connected by an incision, and the sequester extracted from the new bone surrounding it. The interior was next scraped, the semi-organized granulations surrounding the sinuses removed and the parts syringed with water. The edges of the wound were drawn together with adhesive strips, and the limb directed to be wrapped in a strong solution of acetate of lead and opium and to be kept in an easy, elevated position. One-quarter of a grain of morphia was ordered for this afternoon, and a dose of laxative medicine for to-morrow morning and a somewhat antiphlogistic regimen enjoined.

Encephaloid Disease of Thigh.

Cornelius H—, aged ten years. Last November the boy, fell striking his left knee, and giving rise to what was supposed at the time to be

a contusion. Pain, swelling, and impairment of function were the immediate results. He had, however, prior to this some, though but trifling difficulty in the articulation. His health, up to the time of the fall, was good. About two months ago, the joint, together with the upper part of the leg and the lower part of the thigh, became much enlarged and this enlargement has continued. Now there is great swelling, a tumor, which is not uniform in its consistence, extending up a very considerable distance beyond the patella on the one hand and below it on the other. The limb is flexed almost at a right angle. The boy has suffered extreme pain, and his general health has been rapidly declining within the last few weeks. The only resource is amputation of the thigh.

The history of the case and the appearance of the limb indicates that it is one of encephaloid disease. There is an immense amount of heat in the part, and here and there a softish, spot as if there were fluctuation, and there is very considerable enlargement of the subcutaneous veins. Although this enlargement of subcutaneous veins is not peculiar to encephaloid disease, yet there is something in its appearance which is almost characteristic. The lymphatic ganglions of the groin are soft and but very little enlarged. The disease seems to be chiefly confined to the lower portion of the thigh bone.

The boy was placed under the influence of chloroform and the femoral artery compressed by the finger of an assistant. The flap operation was performed, the incisions being extended over the tumor where the integument was healthy and thus the bone was sawn off near the middle, making a long stump. Very little blood was lost. A number of muscular branches required ligation.

A dissection made of the amputated limb showed encephaloid of the femur; the bone was cellulated. The joint was scarcely affected. The disease principally involved the anterior portion of the thigh bone. There was a large amount of disease of the lymphatic ganglions in the popliteal space. In all probability, the affection commenced in the periosteum.

The parts will be brought together by a metallic interrupted suture, and the stump placed in an easy elevated position. The boy will take an anodyne and milk punch freely, together with nutritious food.

LONG ISLAND COLLEGE AND HOSPITAL, }
Session, 1866. }

CLINIC OF PROFESSOR E. N. CHAPMAN.

Reported by Alex. J. C. Skene, M. D., Clinical Assistant to the Chair of Obstetrics.

Menorrhagia following a Miscarriage.

History. Mary B—, aged 30 years, is married, and has had six children. She was quite healthy until the birth of her last child, one year ago. The labor was tedious, and the placenta was retained five hours after the delivery of the child. At this time she was very much prostrated by the loss of blood, and subsequently she did not enjoy her former strength. Three months ago she had a miscarriage at the third month.

This left her more debilitated than before. One month afterward the menses returned naturally, but since then every two weeks.

Present condition. The patient has a pale, sallow, appearance, and is very much debilitated. The appetite is poor, the stomach disordered, and the bowels constipated. The abdomen is distended from flatulency, and there is tenderness on pressure in the superpubic and left iliac regions. She is menstruating freely at the present time.

Treatment. Directed her to take as much rest in the recumbent position as possible, and to use cold drinks, and light nutritious food. Prescribed:

R. Liq. ferri persulphatis, f.℥ss.
Aqueæ font., f.℥j. M.

Sg. Twenty drops every four hours.

Directed also a dose of castor oil a day or two hence, should the bowels remain constipated.

May 11th. The patient failed to confine herself in bed, and the oil, not acting on her bowels, she is still constipated, yet feels much better and stronger. Continued the same prescription, and gave in addition:

R. Magnesiae sulph., ʒij.
Potassæ bitart., ʒij.
Aqueæ font., Oij. M.

Sg. Take in sufficient doses to keep the bowels regular.

May 18th. Improving, continued the same treatment.

May 28th. The bowels are still torpid, and she has increased symptoms of gastric derangement. The menstrual discharge has stopped, excepting an occasional slight show. Prescribed:

R. Pil. hydrarg., gr. xv.
Pulv. jalapæ, gr. j.
Ext. colocynth, comp., gr. vj.
Saponis, gr. iij. M.

Ft. pil. No. iv. Sg. To be taken at bed-time.

After the action of the pills, the following to be used:

R. Spr. frumenti,
Tr. colombæ, aa f.℥ij.
Tr. zingiberis, f.℥j. M.

Sg. Two teaspoonfuls before meals.

Patient did not return.

Commentary. From the history of this patient it appears that her ill health dated back to her last confinement, when she suffered a great loss of blood. The debility thus induced was perhaps the cause of the miscarriage, which added greatly to her trouble, and superinduced an engorged condition of the uterus. Her present affection—menorrhagia—is a frequent sequel of miscarriages, especially when they occur in those of feeble health, and proper care is not taken in the after-treatment. Patients frequently resume their usual employment before the uterus has recovered from its congested and relaxed condition. This imprudence keeps up the engorgement, and interferes with the normal process of involution. Hence menorrhagia is almost sure to follow as a consequence. In treating all such cases, the object to be held in view, is to restore the general health, and, at the same time, arrest the discharge. Rest, and the persulphate of iron,

are the most effectual means for checking the menorrhagia; and iron, Peruvian bark, and animal food, are the most efficient agents to improve the quality of the blood, and strengthen the nerve-centers. In passive uterine hemorrhage, these agents combined are what we must rely upon more especially.

Malignant Diseases of the Uterus.

Epithelial Cancer, or Canceroid of the Uterine Neck.

History, obtained June 14th, 1865. Catharine H—, aged 39 years, is married, and the mother of five children, the youngest of whom is eight years old. She was healthy until about eleven months ago, when she began to suffer from leucorrhœa, which, troubling her only occasionally at first, has been free and constant for the last three months. Her menses—formerly regular—have come on every three weeks since her other symptoms appeared, and have been too free at times. There is a burning, scalding sensation in the vagina, and frequent and sometimes painful urination. No other pelvic symptoms are present, excepting a dull aching pain in the sacral region. The bowels are regular, but the appetite is poor, and the patient, though well developed, and in good flesh, has a dark, sallow countenance, and feels debilitated. A speculum examination revealed enlargement and congestion of the neck of the uterus, and detachment of epithelium on the anterior lip of the os uteri, giving a granular appearance to the part, and bleeding freely on being touched. The os was open, and a free leucorrhœal discharge came from it. The upper part of the vagina was congested, and on its posterior wall there was a spot, denuded of epithelium, corresponding to that on the lip of the os uteri. Tonics were prescribed with the view of building up the general strength; and the local disease was treated by scarification, until the congestion was relieved, then caustic applications were made to the cervical canal. The patient improved in strength, and the local congestion of the uterine neck disappeared, but the inflammation of the cervical canal did not yield to the treatment. The leucorrhœa persisted, and the epithelium was not restored to the lip of the os uteri. The treatment was assiduously employed, but still the disease lingered in a mitigated form in the cervical canal. Some degree of improvement followed each application of caustic, but the leucorrhœa and cervical inflammation returned, so that the case remained in *statu quo*.

October 26th. Ten months from the time she first called at the clinic. The portion of the anterior lip of the os, where the epithelium had been detached, presented an ulcerated appearance, looking as if the substance of the mucous membrane had been destroyed by some corroding caustic, and was healing up by large granulations. Acid nitrate of mercury was applied, and repeated in a week afterwards. The case—as had been expected on her return—was now considered to have assumed a malignant character, and local treatment was, consequently, suspended, excepting vaginal injections of borax.

December 5th. On examination it was found that the ulcer on the anterior lip of the os had

healed, but on the posterior lip an ulcerated patch resembling the original had appeared. Acid nitrate of mercury was applied, and the injections continued.

Present condition, April 4th, 1866. A digital examination revealed enlargement of the uterine neck, which has an irregular surface. The speculum shows a well-marked epithelial cancer or cauliflower excrescence; the uterine neck presenting an appearance resembling a very ripe strawberry, or an hypertrophied and highly inflamed tonsil. There was free leucorrhœa and the local symptoms had increased in severity. The patient was ordered to continue the injections, so far as was necessary for cleanliness, and comfort; and to have nutritious but not stimulating food.

May 1st. States that she feels much better, has no leucorrhœa of any account, and less severe pelvic symptoms, but she has a more cachectic appearance and has been losing flesh. The local disease is progressing rapidly.

Commentary. In this case a very good opportunity was afforded for observing the commencement and course of this form of cancer. As a rule the services of a physician are not requested until the disease has made considerable progress. Hence the incipient lesions rarely come to our notice. The clinical record also is a very good example of the early history of cauliflower excrescence, so obscure in its first stage, and difficult of diagnosis. Epithelial cancer of the uterus, as a rule, does not appear before middle life, but most frequently comes on sometime prior to the cessation of the menses.

The exciting cause is, doubtless, inflammation or simple uterine disease, which precedes, as it did in this case, the appearance of the malignant affection. Although cancer is constitutional its local development is favored by inflammation or irritation. This view is taken by most pathologists, at least Virchow holds this opinion. This explains why epithelial cancer is so frequently developed on the cervix uteri when inflamed, especially when that inflammation has been of long standing.

The pathology of cauliflower excrescence is not easy of comprehension. Nor are there many opportunities for studying it in its early stages. This arises from the fact that it does not prove fatal until considerable decomposition of the organ has taken place and the primary lesions have disappeared, giving place to the suppurative process of the disease. It is ordinarily first developed in the lips of the os tinæ and from thence spreads to the neck and body of the uterus. The starting point is doubtless in the parenchyma of the cervix, when it appears in the form of large, roundish or irregularly shaped and scattered groups of cells, contained in alveoli and disseminated through the tissues. The anatomical characters first observed in the living subject are papillæ or villousities which appear on the mucous membrane around the os uteri and resemble granulations in a healing ulcer. These papellæ consist of large capillary blood vessel sometimes forming a single loop, but at other times, a plexus or net work; these are held together by connective tissue, and covered by epithelium and

layers of peripheral plates. The papellæ are at first single, but in time ramify and become longer, larger and more irregular. Decomposition then follows and they are broken down by ulceration. During this stage the diseased part presents the appearance of an ordinary cancerous ulcer. This ulcerative process goes on, the disease extends until the patient, exhausted, succumbs. It is by no means easy to make a positive diagnosis in the early stages of this affection, because the papillæ or granular points, which the lesions first present, are not to be distinguished from the mucous membrane denuded of its epithelium as appears in uterine disease, nor from condylomata of a benign character which are occasionally formed on the neck of the uterus. The principal point of distinction is, that cancrroids produce a fluid which, when brought in contact with the neighboring parts, exercises a contagious or irritating influence. This was what led us to make the diagnosis early in the case in question; the diseased spot on the lip of the os uteri resting on the posterior wall of the vagina, causing a like abnormal process to be developed there.

Another important diagnostic point is that the disease resists treatment. Were it possible for us to determine during life the condition of the parenchyma or substance beneath the papillæ we might be able to make a correct diagnosis, since in cancrroids the peculiar degeneration which characterizes it takes place beneath the villi. In these peculiarities it differs from benign affections which are generally superficial.

Carcinoma Uteri.

History. Margaret T—, aged 45 years; is married and the mother of twelve children, and has had one miscarriage, at the third month of gestation. Two years ago her menses stopped, but reappeared eighteen months afterwards, and from two months after that date they returned every two weeks, and were natural in every way, excepting as to frequency. For the last four months she has had a constant leucorrhœal discharge, mixed, most of the time, with blood. She has pain in the back, and a sense of weight and pressure in the pelvis, increased by walking, but relieved by lying down. For sometime she has had burning and scalding sensations in the vagina, and frequent, sometimes painful urination. The action of the bowels is irregular, being either constipated or too free, and her appetite is poor.

Present condition, April 9th. The patient is quite fleshy, but has a very anæmic appearance, and a feeble pulse. She has had free metrorrhage for the last two days. A digital examination revealed an enlarged condition of the uterine neck, which had a cartilaginous, irregular and nodulated surface. The lips of the os felt as if covered with large soft granulations. The speculum showed the neck to be very much congested, and the lips of the os uteri covered with granulations, appearing like the enlarged papillæ of cauliflower excrescence. There was free hemorrhage, of a light color, proceeding from the granulations, around the os uteri. Observation by the speculum was rendered difficult by the constant flow of blood, and all efforts at removing it only increased the flow.

Treatment. A pledget of cotton, saturated in liquor ferri persulphatis, was applied through the speculum to the bleeding surface, and held there by the uterine sound, and the speculum was removed. She was ordered, as a laxative,

R. Magnesiae sulph, ʒij.
Potassae bitart., ʒj.
Aquæ font., Oij. M.

Sg. A wineglassful night and morning, or sufficient to keep the bowels regular.

The patient was directed to keep her bed, use cold drinks, apply cold water to the hypogastric region, and have nutritious diet.

Progress of the case. Two days after her first appearance at the clinic she was seen at her house. The hemorrhage had nearly ceased since the application, there being only a slight oozing of dark bloody serum. She was ordered an injection of water, which brought away the cotton and some small blood clots.

Tinctura ferri chloridi, in ten drop-doses, was prescribed, and the patient permitted to get out of bed, but ordered to avoid active exercise for some time.

April 20th. No hemorrhage, excepting a slight stain. Continued the salts and cream of tartar, as the bowels were still inclined to be constipated. Prescribed,

R. Tinc. ferri chlor., fʒss.
Quiniae sulph., gr. xv.
Aquæ font., fʒiiss. M.

Sg. A teaspoonful, in water, three times a day.

May 25th. Hemorrhage has entirely ceased. She has an acrid serous discharge from the vagina, but it has not the odor of a discharge from a suppurating cancer. The bowels are regular. Prescribed:

R. Ferri pyrophosphatis, ʒiiss.
Tinct. colombæ, fʒss.
Aquæ font., fʒiiss. M.

Sg. A teaspoonful, three times a day, before meals.

She desired to go to the country for a time, and was permitted to do so, with instructions to return if the hemorrhage came on again.

June 29th. She was taken with hemorrhage a day or two ago, and passed some large clots of blood. The neck and body of the uterus have enlarged very much. The body nearly fills the pelvic excavation. The neck is smooth, the papillæ or granulations having been thrown off, and has a bluish congested appearance. She is still constipated, and is suffering from large external hemorrhoids. Continued the salts, and the tonic last prescribed, and ordered ice to the hemorrhoids to reduce their size, and directed her to push them back within the sphincter ani.

July 3d. She complains that the salts have lost their efficacy. Her hemorrhoids are much less troublesome, but she finds defecation impossible until the uterus—which is now laying low in the pelvis—is pushed up. Ordered:

R. Ext. sennæ fluid., fʒv.
Syr. rhei. arom., fʒiiss.
Tr. rhei., fʒss. M.

Sg. Two or more teaspoonfuls night and morning, or pro re nata.

Commentary. The symptoms of cancer of the uterus are sometimes obscure at first, and in cases where they are well marked, they so closely resemble those of benign diseases and displacement, that they do not decidedly indicate any malignant affection. Age is a very important point to be taken into consideration. When symptoms of uterine diseases appear, after the change of life, they should always excite suspicion, metrorrhagia coming on years after the menses have stopped, as in this case, is an important symptom of cancer. The acute lancinating pain characteristic of cancer, is often wanting when the uterus is the organ involved, as the case in question illustrates, there having been no such pain complained of by her. The local signs as observed by the touch and speculum, taken in connection with the age and history, are the most reliable means of diagnosis. When the disease involves that part of the uterus within reach of the finger—as it does in a great majority of cases—the hard cartilaginous consistence, and the nodulated irregularity of form is pathognomonic of carcinoma. The granular condition of the os in this case gave rise to a question, whether it was not cauliflower excrescence, but that condition disappearing in a short time removed all doubt on that point.

In treating carcinoma uteri, the general health should be maintained so far as possible, and constipation if present relieved, as any confinement of the bowels greatly aggravates the local symptoms. Hemorrhage is often a troublesome symptom, and should be arrested when that is practical. When the blood comes from any point within reach it can be readily stopped by the persulphate of iron. Rest in the recumbent position is also a very servicable adjunct. When the disease advances to the stage of decomposition, little more can be accomplished than to relieve pain and keep the patient clean by the use of injections.

EDITORIAL DEPARTMENT.

Periscope.

Capsicum in Delirium Tremens.

In the hospital reports of the *Medical Press and Circular*, the value of capsicum in delirium tremens, is highly spoken of.

In Dr. Lron's practice some well marked cases have occurred. A tavern waiter of chronically intemperate habits, was admitted to the Whitworth hospital in the first stage of the disease. There was tremor in almost all the muscles; chilliness, debility, sleeplessness, foul tongue, severe and general uneasiness, but no illusions, horror, or delirium, to any degree. A single twenty-grain dose of capsicum, given in a bolus, induced sleep and full convalescence, the disease having been peremptorily cut short.

Another case illustrates the success of the drug when opium had completely failed to alleviate the symptoms, and rather seemed to aggravate the patient's condition. The case was that of an individual who had taken six grains of opium, with

in a period of two or three days, without sleep being procured, or any relief to the illusions, tremor and general distress. After a twenty-grain dose of capsicum in bolus, profound and refreshing sleep for twelve hours was induced, and the patient awoke conscious and restored. In an almost precisely similar instance, a thirty grain dose had to be given a second time before full relief was procured. In one or two instances of individuals of confirmed and extremely intemperate habits, it was found necessary to repeat the dose some three or four times.

Regarding the physiological action of the remedy, Dr. LYONS' explanation is, that it produces a powerful stimulant and sedative influence by its direct action on the gastric filaments of the vagi. Slight uneasiness in the stomach has been complained of in one instance only after its use, and in two instances, somewhat smart purgation was noticed, but without evidence of intestinal or other irritation.

As at present employed, the drug is administered in bolus made up with honey of roses. But Dr. LYONS suggests the feasibility of giving it in capsule.

Reviews and Book Notices.

Paralysis from Peripheral Irritation. By S. WEIR MITCHELL, M. D., Member of the National Academy of Sciences; Honorary Corresponding Member of the British Medical Association, etc., etc., Extracted from the N. Y. Medical Journal. New York: 1866. Pp. 67.

Reflex Paralysis. Its Pathological Anatomy, and Relation to the Sympathetic Nervous System. By M. GONZALEZ ECHEVERRIA, M. D., (Univ. of Paris), Physician to the Charity Hospital, New York, formerly Assistant Physician to the National Hospital for Paralyzed and Epileptics of London, etc., etc. New York: Bailliere Bro's, 1866. Pp. 80.

These papers have great interest for those who desire to keep up with the advances recently made in physiology and pathology. Practitioners of medicine and surgery ought at least to be acquainted with the fact, that palsy may result from other causes besides apoplectic or degenerative lesion of the brain or spinal cord, or division or destruction of nerves.

Dr. MITCHELL gives the history of the study of "paralysis without apparent lesion." Older writers, as TORESTUS, WILLIS, ABERCROMBIE, etc., give only scattered cases. Dr. MITCHELL avers that a reference made by two late authors to WHYTT is incorrect. This must be owing to his having sought for the citation in the *works* of that writer (1768), while the reference of BROWN-SÉQUARD is to his treatise on NERVOUS DISORDERS (1765); where, p. 18, it is mentioned, quoting HILDANUS, that "numbness of the left arm and leg, etc., have been occasioned by a glass ball

sticking in the ear." STANLEY first indicated a connection between certain cases of palsy and disease of the kidneys. GRAVES described cases due to different visceral affections. So did RAYER; and further allied observations have been made by LEROY D'ETIOLLES and others. More recent discussion of the subject has been, in Europe, principally continued by GULL, JACCOUD, and HANDFIELD JONES.

Dr. MITCHELL's opportunities, in the special hospital for surgical affections of the nervous system, opened in this city, during the war, were favorable for this inquiry. We take from his paper the following list of the varieties of paralysis claimed, by different writers, to be of peripheral origin, (p. 5):

- "1. Paralysis arising during diseases of the genito-urinary organs. 2. That which occurs during or just after dysenteries, diarrhoeas, superpurgation or in connection with worms. 3. Such as arises during or after pneumonia or pleurisy. 4. Such as is seemingly brought on by dentition. 5. The paralysis of diphtheria, fevers, eruptive disorders. 6. Such as seems to be occasioned by cold, or by cold and moisture. 7. Paralysis due apparently to external injuries."

Careful analysis of the cases reported under these several heads, removes many of them from the category of paralysis from peripheral irritation, and shows others to deserve the name rather of pseudo-paralysis. Visceral affections, such as nephritis, pneumonia, etc., have been proved in very rare cases to originate palsy, in the absence of cerebro-spinal lesion. Dr. ECHEVERRIA gives one instance in which temporary paralysis followed uterine irritation. Even dentition is considered by Dr. MITCHELL to be of less importance in the causation of convulsions as well as of paralysis, than is generally supposed. In this, our observation has not coincided with his. Practically, we are convinced of the frequently great value of division of irritated gums in preventing as well as relieving convulsions and infantile paralysis. The connection between the morbid cause, symptoms, and prompt relief from the remedy, has been, often, too obvious for doubt. But, simple paralysis, uncomplicated with convulsions, under this causation, is, no doubt, uncommon.

Typhus, typhoid fever, scarlet fever, and diphtheria, are well known to have paralysis among their sequelæ. But no good reason exists for supposing this kind of palsy to be of reflex origin in any sense. Blood-poisoning and secondary affections of the nervous centres will better explain it.

BROWN-SÉQUARD asserts paralysis following exposure to cold and wet to be also reflex. This is surely a hypothesis less probable than almost any other to be thought of. Even in Dr. GRAVE's cases, there is insufficient evidence as to this causation.

Wounds or injuries of the nerves afford, then, nearly all the clear instances of motor palsy resulting from peripheral irritation. "In the best cases, an injury is suddenly followed by paralysis in a remote limb; changes in the wound occasion increase or lessening of the palsy, and relief of the wound is very speedily followed by that of the motor defect."

Apart from motor palsy, no clearer instance of reflex paralysis can be wanted than that mentioned long ago by MORGAGNI, in which amaurosis was suddenly produced by a blow upon the eyebrow, affecting the supra-orbital nerve. Of the same nature was MANSFIELD JONES's case of "inhibitory paralysis," in which the external rectus muscle of the eye was paralysed during the existence of a whitlow on the thumb; the squint disappearing after a piece of dead bone was removed from the phalanx. Such, too, was that related by LAWRENCE, in which blindness of one eye, of thirteen months' standing, was cured at once by the extraction of a carious tooth, with a splinter of wood projecting from one of its fangs. These are simple cases, and very important in their practical bearings.

The theoretical explanation of reflex paralysis is a more complex subject. It has been made more so by the ratiocinations of Dr. BROWN-SÉQUARD, who has probably introduced more difficulties into modern physiology and pathology than any other investigator has ever made or solved. The hypothesis of this distinguished biologist is, essentially, that peripheral irritation causes prolonged spasm of the spinal arteries, inducing deficiency of nutrition in the cord; and hence results the paralysis. This is hardly now maintained by any other authority; GULL, JACCOUD, HANDFIELD JONES, MITCHELL, and ECHEVERRIA, have in turn exposed its untenableness. For pure reflex paralysis, what is called *inhibition* by HANDFIELD JONES, best expresses the nearest approach we can make to an explanation. Dr. MITCHELL's view is nearly identical; involving *exhaustion* of the nerve-centres from an overwhelming irritation; functional only if brief, but producing lesion of structure if prolonged.

Dr. ECHEVERRIA, in the monograph before us, seems to have devoted his attention chiefly to the lesions, local and central, connected with the rare and obscure forms of paralysis referred to.

On his first page occurs the remark, that "to name them *functional* is obviously in opposition to our knowledge that material modification in the organs is essential to disease." And the final sentence of his work is the following: "Unless a more than heretofore careful registration of a greater number of cases should prove that the cadaveric lesions here described were exceptional, the fact of peripheral and central nervous alterations peculiar to reflex paralysis will remain unquestioned, making the theory of disease without any departure whatever from the normal structure of anatomical elements still more untenable."

Although, in such a statement, the term "disease" is itself capable of ambiguity, we must observe, that disordered action, morbid perturbation of organs, is certainly to be considered possible, with no more material alteration than the wire undergoes in transmitting a charge of electricity, or an eye in receiving a flash of light; no change which is either appreciable or permanent. The word functional ought therefore to be retained; and we believe that Dr. MITCHELL and others have proved the existence of a certain number of cases of reflex paralysis which are functional. But Dr. ECHEVERRIA has rendered great service to this department of pathology by showing, as he has well and elaborately done in this essay, with illustrations, that in very many instances where cursory inspection had failed, or would have failed to find alteration, microscopic examination has discovered important lesions. Some of the most interesting of his observations are those upon alterations found in the nerves and muscles in a part affected with paralysis. This discussion of *amyosthenia*, or muscular debility, and its causation, is excellent.

We commend the study of this whole paper to all who are interested at all in his subject. Dr. ECHEVERRIA deserves the more credit for his laborious investigation of such a topic, because the number of those who will read appreciatingly his account of its results, is perhaps not very great.

— Professors DUMMREICHER and PITKA have closed their lectures at the University of Vienna, and have joined the army. DUMMREICHER goes to the head quarters of the Northern, PITKA, to that of the Southern army. Both of them are accompanied by an operating staff.

— At a meeting of the Harveian Society, of London, it was stated by Dr. HART VINEN, that the patient upon whom Cæsarian section was recently performed under local anæsthesia, by means of RICHARDSON's method, was now quite well.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, JULY 23, 1866.

A CHAPTER ON "ARMY ITCH."

We have on our table half a dozen communications on "Army Itch," called out by those already published in the REPORTER, a fact which shows at once the importance of the subject and the interest which the profession feels in the elucidation of the pathology and treatment of this miserable malady.

Our space does not permit the publication of all the communications on hand, in full, we make however, such extracts from these letters as will give their most important points.

Dr. J. E. JACKSON, of Fallston, Pa., writes: "It is called by some, 'Army Itch.' This is not a good name. It is one that never can be universally adopted; for the very obvious reason that it is older than the rebellion. I saw and treated this disease eight years ago, and have now in my mind the name and circumstances of the family in which it first occurred in my practice. Since that time I have scarcely been without a case—subject however, to its ever-recurring periods of remission and revival. One of your correspondents, Dr. WOOD, very truly remarks that "Army Itch," is not even a good common name," for he had treated the disease seven years ago and I fully incline to this opinion.

"The first patients that I was called to treat with this disease, eight years ago, were in the families of men who followed the thoroughfares of navigation in the capacity of deck-hands. Being annoyed with its intractable character, I searched all the standard writers for aid, in vain; but, in the course of my personal conference with the afflicted, obtained traditionary evidence that a similar disease was then common in some parts of the South-west, and was known as the "Illinois Itch." And in treating the disease at that time, desiring to have a name more free from geographical objection; I called the disease "Prairie Itch"—just for my own use; and have been using that term in connection with the disease ever since, for the want of a better name. While some of us are calling it one thing, and some another, there are others who are treating this eruption every day, and do not know what to call this common pest—only to find themselves in trouble, when some shrewd and teasing patient desires to know—

What makes him play, the "Scotch Fiddle" by day,
And scratching by night—the wee hours away.

"The pathology of the disease under consideration, is still obscure. I have long been convinced, that the violence of this disease is caused by parasitic influence of the epizoa species—differing only in habit and vitality from the *acarus scabiei* of the old common or School Itch. The latter is always disposed to act on the exposed parts of the body—as the hands, and especially between the fingers, flexures of joints, and finer parts of the skin—while the former works to better advantage under cover, and prefers other districts of the body, such in particular as the neck, arms, chest, abdomen and especially the inside of the thighs. It differs also, in vitality, for sulphur sublim. in any preparation; hydr. oxidi rubri and iodide of potassium, &c.,—specifics in the old common itch,—in my experience, have no effect on this modern parasite. Dr. BUTLER, has described in such graphic terms the physiological phenomena of this terrible "scourge of the skin," that it would be redundant to detail them here. I would add however, in this connection, that in infants, I have often seen the disease on both *face* and *feet*, but, never in the adult. Not long since, a child was brought me literally covered; the former physician mistaking the case for chicken-pox, treated it for that disease six weeks—surely a venerable case of varicella. I also incline to the opinion expressed by Dr. WOOD, that through time it will assume several stages, having seen it, by criminal neglect, degenerate to boils and even open ulcers; which had to be changed from a specific to a simple sore, before they would heal.

"*Treatment.* When I first saw this eruption, like most new beginners, I was disappointed in getting complete cures. I searched all the books in vain and made many *harmless* prescriptions—rarified the blood with salines, iodized and mercurialized my patients, but, this formic parasite still lived. I thoroughly tested the old sulphur treatment, and it signally failed in every instance; and never found but two, even of the many preparations of mercury, that would have any effect on the disease. The following treatment, after having failed with many others, is the one I have universally adopted, and cures at once in every case—if the directions are followed. When an alternative is indicated, I direct the following internally.

R. Liq. iodinii comp.

"Potassæ arsenitis, ʒā f.ʒss. M.

Sig. Take 12 drops, in sweetened water, after eating—children according to age. Keep the bowels soluble by equal quantities of magnesia sulph. and potassæ bitartratis *pro re nata*.

"As an external application I use the following,

which may be made in any desired quantity, still observing the proportions:

R. Hyd. ammoniæ chlorid.,	3ā	3ij.
Potass. nitrat.,		3ss.
Potass. carb.,		3ij.
Sulphur. iodid.,		3vj.
Adipis recentis,		3ss.
Ol. bergamot,	f.	3ss. M.

"Rub the affected parts every day—during the evening exacerbation; wash every other day with *strong country* soap and soft water, with brisk rubbing to destroy the vitality of the ova—after each washing, change all clothes worn next the skin. I often prescribe no medicine internally; but depend on the ointment alone. I appreciate highly the prescriptions of Drs. BUTLER and WILSON, and believe they will cure. So confident also am I in the treatment which I have suggested, that if I ever have a case that it will not cure, I will regard it as a fit subject for the "World's Fair."

"In conclusion, I would remark, that although the disease in many respects, is very closely allied to the *prurigo formicans*, of the books; yet in my opinion it is *sui generis*, separate and distinct in its pathological character from all other eruptive diseases, and requires a different course of medication. I would suggest to the profession, that with mutual consent we relinquish all arbitrary and preferred names, and call the disease "Epidemic Itch." We will rest in hope, however, that forthcoming authors, at least, will do justice to the matter, and give us one name—one pathology and one treatment for this annoying disease."

Next Dr. B. F. RECORDS, of Paradise, Mo., writes:

"We have the same disease in the West, known as 'Illinois itch,' 'Missouri mange,' 'Prairie digs,' etc., and it is a very formidable disorder to cope with.

"I have tried a great many things as remedies, but have seen all fail until last October, when I had a very severe case which seemed determined to baffle all treatment. So I fell on the following prescription.

R. Sulphur,	3ij.
Cupri sulphas,	3j.
Hyd. ox. rub.,	
Solid ext. aconite,	3ā 3ss.
Adipis,	3ij. M.

"Sg. Rub on twice a day for three days, then wash and put on clean clothing.

"Under this treatment the patient was cured immediately. Since then I have used it in some twenty other cases, with perfect success in all."

Dr. JAMES J. TYREE, of Waynesville, Mo., writes:

"The name given it there, would seem to imply

either that it had its origin in the army, where large masses of men were congregated together in barracks, hospitals, or 'the tented field.' Or that by 'the march of armies' it had been introduced into those States (Northern and Eastern,) which latter may be correct. But to say that the disease originated in the army, would certainly be incorrect, unless some army is meant of an earlier date than any that was brought into the field during the late rebellion. It is not my intention, however, to object to the name. I merely wish to say that the disease in question, did exist, abundantly too, some years before the late rebellion brought armies into the field, in Missouri, if not elsewhere. Dr. E. A. Wood of Pa., has given a very good description of this affection in the REPORTER of the 27th of January, 1866, and any person familiar with the disease would very readily recognize it in his article on "Army Itch." There is however, one phenomenon *peculiar* to this disease, that I believe he omitted to mention. That is, the vast amount of thin, yellowish fluid that continually exudes from the patches of inflammation, in certain stages of the disease. So abundant is this pouring out of serum from the inflamed parts, that you would hardly fail to notice it. It literally keeps the linen thoroughly drenched as if with water.

"I met with several cases of this troublesome malady as early as the summer of 1858. And I believe that most practitioners of that day and time (in this State) will agree with me in having seen the disease thus early.

"It was known among the people by various names, as the 'Missouri mange,' 'Bastard itch,' etc. The former of these appellations (Missouri mange) is the one perhaps, most in use in this State. I have heard it designated by that name, by some of the leading Professors and Surgeons in St. Louis. Well do I remember my perplexity and confusion in trying to arrange it under some of WILSON's or NELIGAN's classifications of diseases of the skin. I was equally confounded in my treatment of the disease, for two or three years, and even up to this time, the treatment is somewhat unsatisfactory. The best remedy with which I am acquainted for the radical cure of the disease, is arsenic, internally, with an occasional external application of red precipitate ointment. Thus,

R. FOWLER's solution, four or five drops, three times daily, dropped on a piece of bread and taken during the meals, or immediately afterward.

R. Hydrargyri oxidi rub.,	3iv.
Fresh butter,	3vi. M.

"This unguent should be applied to the affected parts once or twice a week. This treatment may

have to be continued a long time in some instances, even five or six weeks, before it will effect a cure. But if persevered in a sufficient length of time, I believe it will never fail.

"When, or from what source this disease made its first appearance, I am not prepared to say. But I am of opinion that it was introduced here, (in this State,) by some of the Indian tribes of the South-West."

Dr. P. J. FARNSWORTH, of Iowa, writes next :

"You have given place, of late, to several articles on a mysterious and intractable disease that has lately invaded the East, which they designate by the euphonic title of 'Army itch.'

"In this country we recognize it as an old acquaintance, under the name of 'prairie dig,' or 'Western itch.' It seems to be indigenous here, or at least has been since the memory of the 'oldest inhabitant.'

"I have always regarded it as an undescribed cutaneous disease, allied to *Prurigo mites*, or *formicans*, though it may be that it takes that form in a later development. It may be dependent on an animalcule, like its namesake, scabies, as there are some reasons to believe, but which at present has not been determined.

"It is contagious, and associates with nearly every other form of papular or vesicular disease. It does not, like scabies, first attack the hands, and appear between the fingers, but more frequently manifests itself on the body or limbs. When warm in bed, an intense itching begins, or when warm from exercise. There is at first no appearance of papulæ or vesicles; scratching seems to aggravate, instead of allaying the torment. In some cases eczema results, in others pustules are produced, and impetigo or lichen, or some other forms of cutaneous disease.

"It is, no doubt, occasionally associated with scabies and then affects the hands and fingers. Its most common habitation is on the limbs, or chest. It is, I repeat, very contagious, sometimes infesting whole neighborhoods or towns.

"It is difficult to manage in its complicated form, and requires a variety of treatment. Alone, it is easily cured, a wash of sharp vinegar, or a lotion of bichloride of mercury, will cure it on one or two applications. Ointments of sugar of lead, or of oxide of zinc, or of sulphur, are often necessary to rid us of its associates.

"Uncomplicated, the disease yields readily to the following:

R. Hyd. bichl.	gr. xx.
Aquæ rosæ,	f. ʒi. M.
S. Wet the affected parts at night.	

"Bath of soap and water. If it takes on the form

of eczema, glycerine may be substituted for the rose-water.

"Fowler's solution, taken in small doses for some time, is often necessary to rid the patient of the associated diseases, but has little effect on the primary disease. Sulphur ointment will not cure it, though there are many reasons for believing that an animalcule is present.

"Strict cleanliness is the best prophylactic. Children of good families seldom take it, though often in contact with it on the streets and at school. Travelers put into dirty beds often take it. Adults and children, (and there are many) to whose bodies soap and water are strangers, take the disease and keep it, to the annoyance of their neighbors and the doctors.

"In my own experience I have found skin diseases in greater number and variety in the West, than at the East. It must be from some peculiarity of soil or climate, and not from any difference of habit among the people; and in the 'army itch,' I have no doubt, the East has received a new specimen of 'Western productions.'"

Finally, Dr. F. K. LEE, of Mechanicsville, N. Y., writes :

"Army itch has prevailed in this section of country to a great extent. The treatment which I have found successful in numerous cases, among all classes and ages, has been iodide of potassium internally, and the external use of sulphur ointment, daily, at bedtime."

THE LATE J. THEODORE CALHOUN, M. D.

It becomes our sad duty to announce to our readers the death of J. THEODORE CALHOUN, one of the youngest and most promising members of the medical staff of the army of the United States. A graduate of one of the schools of this city, shortly before the outbreak of the rebellion, upon the first summons of his country he offered his services, and became one of the medical officers in the old Sickles' Brigade. Shortly after the Harrison's Landing campaign, he resigned and entered the medical staff of the regular army as an assistant surgeon. He stood high on the list of merit, and the year 1863 found him Surgeon-in-Chief of the Second Division, Third Corps, Army of the Potomac. Here the writer of this notice first became acquainted with him. At the battle of Gettysburg, when, in consequence of the absence of the Medical Director of the corps, the duty devolved upon him of acting in the place of the latter, he was conspicuous for the untiring energy, zeal, and devotion with which he arranged and established the field hospitals of his corps.

Throughout the memorable campaigns of the Army of the Potomac under GRANT, after his Division had been consolidated with another, and the Third Corps into the Second, he took an active part as Assistant Medical Director of the corps, under Medical Director A. N. DOUGHERTY. His determined, energetic ways, and his high administrative and executive talents, however, soon found an ampler field in the Colored Hospital at City Point, in charge of which he was placed. The hospital, when he arrived to assume the responsibility of its affairs, was in a deplorable condition. We can testify to his unceasing labors at this post. We remember, at one time, that he had but three medical officers with him, and between eight hundred and one thousand patients. His body knew no fatigue, and his mind was ever active.

Released from his labors at this point, he was placed in charge of the Ward U. S. General Hospital at Newark, N. J., where he remained until the establishment was broken up. Through his energy, the splendid Pavilion Hospital was established in that city, which is now owned by the State, and was, a short time ago, opened as the New Jersey "Soldiers' Home," under command of Dr. DOUGHERTY.

Some time ago, Dr. CALHOUN was ordered on duty at Hart's Island, N. Y., a large recruiting rendezvous. A few weeks ago, it was announced that Asiatic cholera was raging among the recruits on the island, having been brought there by some recruits recently emigrants from Germany, and the first announcement of the existence of the epidemic on the island was almost immediately followed by the sad news that Dr. CALHOUN had succumbed to the scourge on the 20th of July, after but four hours' illness.

Dr. CALHOUN's contributions to medical literature, in spite of the difficult circumstances under which they were written, engaged as he was in the arduous duties of the field, and surrounded by the discomfort of campaigns, were many and interesting. Our readers remember them. They show the *aim* and *enthusiasm* with which our lamented friend cultivated his science and his profession.

To conclude in the language of Dr. DOUGHERTY:

"Our friend is dead, but his good deeds live after him; and an honorable name, dear to his mourning relatives.

"He was a patriot, proved to be so by a patient endurance of the unspeakable hardships of the rough campaigns of the Army of the Potomac.

"He was a kind-hearted, genial, and obliging comrade.

"He was an industrious and able cultivator of his profession.

"And he has fallen, like a good soldier, at his post, contending manfully for others against the fatal pestilence which is struggling to establish itself in our midst. Heaven rest his soul!" L.

PROGRESS OF THE CHOLERA.

Cholera is on the increase in *New York*. The record in the office of the Sanitary Superintendent, for the 48 hours ending Sunday, July 22d, includes twenty one cases, of which ten had proved fatal.

Among the victims of the disease is Dr. THOS. D. ANDREWS, of Brooklyn, who, while on a visit to some friends, in New York, on Saturday afternoon, July 21, was suddenly seized with the disease and died on Sunday morning.

In *Brooklyn*, especially in the Twelfth Ward, which is spoken of as being in a very filthy and insalubrious condition, cholera is also prevailing in a malignant form. Seven deaths were recorded for July 21st, with several patients in collapse and unfavorable prognosis.

From *Savannah*, July 21, four deaths are reported among the troops on Tybee Island, on that day, and seven new cases had occurred July 22d, with five additional cases. Twelve deaths had taken place since the troops left New York.

Notes and Comments.

British Medical Officers of the Army and Navy.

In consequence of the very unsatisfactory status which medical officers occupy, in the British army and navy, both pecuniarily and in rank, the government is not only unable to fill existing vacancies, but the material which presents itself for examination, is scientifically of a very low character. At the last examination for the navy, three candidates presented themselves, so we are informed by the *Med. Press and Circular*, and all three had to be rejected, though there were seventy vacancies. Dr. STOKES declares that such is the indisposition among the better class of medical students, to enter the army and navy, that the sweepings of the class of medical students presented themselves for examination before the boards.

As an illustration of the scientific attainments of candidates, Dr. PARKES, gave some specimens of the replies of the rejected candidates. One gentleman did not know the big bone of the arm from the little one, when both were shown to him; another replied in writing to the question, what would he do if he had to treat a wounded blood-

vessel, that he would immediately amputate the limb above the injury. Another man, who had been two years at a London school and one year at a Scotch school of medicine, had never heard that the term scabies is applied to a disease called the itch. Another divided foods into nitrogenous, such as all vegetables, and non-nitrogenous, all meats, including carnivora, sub-divided into albuminous, such as hens' eggs; fibrous, such as the meat of the ox or sheep; caseous, milk and cheese, and *gaseous, soda water!*

These specimens of rejected candidates, who have gone through their regular courses in medical schools, certainly give one no very high opinion of the state of medical education in Great Britain, or of the medical officers of the army and navy.

One More Unfortunate.

We have received the twelfth and last number of the *Gazette Médicale*, which has been published for a year past in Montreal, Canada. It adds another to the many unsuccessful attempts to maintain a periodical medical literature in Canada.—We trust that the profession of that province will rally around the *Canada Medical Journal*, and sustain it well, for it is worthy of support. The *Gazette* was an excellent journal, and we are sorry to part with it.

Elephantiasis Arabum.

The case of *Elephantiasis Arabum*, operated on recently, by Dr. JULIUS S. THEBAUD, of New York, (see MED. AND SURG. REPORTER, April 14th and June 30th 1866,) we are glad to learn has *fully recovered*. A correspondent in New York writes, "the man is now perfectly well and walking about. He has erections, and emissions, and is, of course, wonderfully pleased."

Correspondence.

DOMESTIC.

Letter from New York.

New York, July, 17, 1866.—*Diei }
fervidissimum tempus. }*

EDITOR MEDICAL AND SURGICAL REPORTER:

Dear Perspiring Friend.—Can we not truly say, that if the melancholy Dane had lived in these sweltering days, he would have had no just cause to invoke his "solid flesh to melt and vanish into thin air." For verily humanity is now decidedly liquid, immensely sudorific, and how *not* to melt, is the question. With the thermometer

standing at 100° in the shade, and the bare thought of the glaring sun, unpleasantly suggestive of speedy death by "*coup de soleil*," while every pore streams with the abundant refuse of vital cookery, you would hardly expect for much activity in anything; and the sheer reflection upon such grave and arduous work as medical discussions, profoundly elaborated in the solemn conclave of societies, is enough to send the thermometer up an additional degree—which would be quite useless. The societies, like all things else, prone to liquidity—have dissolved. The ponderous Academy no more astonishes us by the profundity of its speculations, or the fervidity of its disputes. Its integral parts are seeking cool weather and intellectual vigor at the sea side and on the mountains. The Pathological Society no longer delights us with rare and curious disquisitions upon still more rare and curious scraps of putrescent humanity.

Ossified hearts, cystic kidneys, and cancerous lungs, have none to sing their praises, and for a while they may rest peacefully in their unopened cavities. The genial CLARK no more discourseth in slow and stately measure concerning the mysteries of the pneumonic cell, or the vagaries of cholera. PARKER with his energetic snap and irrepressible aim, no more pleasantly wrangleth with Brother WOOD of Bellevue, concerning phosphor-necrosis or fractures ununited. We miss the elastic step and faultless make-up of the fastidious ELLIOT, learned and profound, if he *does* wear good clothes. GRISCOM, too, he of the reverential visage and solemn gray whiskers, with kindly eyes beaming beneath those inevitable spectacles, is not. He hath ceased to ventilate; more is the pity! for if, by ventilation, he could diminish this pestilential fervidity, or prevent us by some ingenious air apparatus from mingling our sweat with our ink, we would canonize him at once. But time would fail me to tell you how many of our greater medical luminaries have ceased to rotate in the orbit of our societies. Heat and argumentation are incompatible. Silent and dead are the halls which once echoed to their tread, and the places that knew them are deserted and vacant. Your most faithful reporter has, therefore, nothing to do but patiently scribble and sweat, wondering as he writes, how to get to the arctic regions, and thinking of liquefied cordwainers, or as the vulgar have it, "iced cobblers;" or if you would have me chemically express it, a mixture of dilute hydrated oxide of ethyle, crystallized protoxide of hydrogen, and sacharrine matter, duly compounded, and furnished with a straw through which it is not unpleasant to seek cool

comfort, and think of the "tip-top house" on the White Mountains, solid carbonic acid gas, frozen mercury, and the like.

After so much by way of preface, need I tell you that the medical world is at present "flat, stale and unprofitable" and suggest to you the propriety of shutting up shop for the season, so as to give the overworked editor, and all hands, the benefit of a brief respite, or a chance to flee to the mountains? But you will not do it. Hot or cold, people must have their "REPORTER;" and editors like the fabled Ixion are doomed perpetually to revolve in the orbit of their ceaseless duties, till their lively atoms, worn out by incessant toil shall mingle with the elements, and then—we shudder to think what becomes of them. Perhaps in another world they continue to revolve and are perpetually pestered for "copy" by a demon aptly even in *this* world termed a "devil." I have written this epistle to relieve you from his insatiate demands, at the expense of pounds of water, distilled through my dermal covering. I have written so, if the Demon cometh, and crieth "Copy sir!" hand him this.—Farewell. I am going up in the Adirondacks to fish for trout: VALE,—*sit sudor tibi levis.*

Yours,

GOTHAM,
Redivivus.

A Medical Society in Cumberland Co., Pa.

EDITOR MEDICAL AND SURGICAL REPORTER:

It may be a matter of interest to your many readers to know, that the physicians of Cumberland county have, *at last*, concluded that it is well for brethren "to dwell together in unity." Accordingly, pursuant to a call issued some time previously, a number of the fraternity—twenty-four in all—met in the Court-house, in Carlisle, on Tuesday, the 17th inst., and effected a temporary organization, by appointing Dr. JOSEPH CRAIN, of Hogestown, Chairman, and Dr. G. W. HALDEMAN, of Newville, Secretary.

On motion, a committee to report permanent officers was then appointed, consisting of Drs. DALE, HERRING, ROBINSON, HAYS and BOWMAN.

Also, one to report a Constitution, By-Laws and Fee-bill, for the government of the society.

After a short absence, the Committee on organization reported the following for the present year, viz., for President, JOSEPH CRAIN, of Hogestown; for Vice-President, WM. RANKIN, of Shippensburg, and DALE, of Carlisle; Recording Secretary, G. W. HALDEMAN, of Newville; Corresponding Secretary, S. B. KEIFFER, of Carlisle; Treasurer, J. B. HERRING, of Mechanicsburg; Censors, J. J. ZITZER, of Carlisle, W. W. NEVIN,

of Shippensburg, E. H. COOVER, of New Cumberland, M. F. ROBINSON, of Newville, and E. B. BRANDT, of Mechanicsburg.

The society is to be known by the name of THE MEDICAL SOCIETY OF CUMBERLAND COUNTY, and is, according to the rules, to meet thrice every year. G. W. H.

Newville, Pa., July 18, 1866.

Erratum.—IN REPORTER for July 14th, p. 30, line 24 from top, second column, for tonic, read toxic.

News and Miscellany.

American Ophthalmological Society.

The third annual meeting of this Society was held at the Massachusetts Eye and Ear Infirmary on Tuesday, June 12th, and at the City Hospital on the following day, the President, Dr. EDWARD DELAFIELD, of New York, in the chair. Twenty-two members were present; the cities of Boston, New York, Albany, Philadelphia, Baltimore, Chicago, and Cincinnati, being represented.

FIRST DAY.—Dr. H. B. SANDS, of New York, reported a case of limitation of the field of vision from an extra-ocular cause, illustrated by drawings taken at different periods.

Dr. DYER, of Philadelphia, gave the results of an examination of the eyes of Probst the murderer before and after the execution. After the body had been cut down, each crystalline lens was found to be opaque and to be fractured *in situ*.

Dr. HILDRETH, of Chicago, read a paper on a form of Anæsthesia of the cornea and persistent contraction of the pupil, accompanying certain cases of pannus, and relieved by the performance of Hancock's operation. This paper gave rise to a lengthy and animated discussion, at the conclusion of which the Society went into executive session and admitted several new members.

SECOND DAY.—Dr. HAY, of Boston, explained and demonstrated certain optical facts relating to the ophthalmometer of Helmholtz.

Dr. DERBY, of Boston, read a paper on the necessity of employing greater accuracy in determining the acuteness of vision.

Dr. NOYES, of New York, reported several cases of retinal separation, operated on by him according to the method of Von Græfe.

Dr. JEFFRIES, of Boston, explained certain facts relating to the anatomy of the ciliary muscle, illustrated by drawings and preparations.

The stated discussion on the various operations for the removal of cataract followed, and occupied the remainder of the session. This discussion will be given in full in the Transactions of the Society.

In executive session, the following officers were elected:—President, Dr. EDWARD DELAFIELD. Vice-President, Dr. HENRY W. WILLIAMS. Corresponding Secretary, Dr. HERMANN ALTHAF. Recording Secretary, Dr. HENRY D. NOYES.

On the evening of the first day, the Society was most hospitably entertained by Dr. J. H. DIX, at his residence; and on that of the second, the

Boston members had the privilege of offering a supper to their brethren from a distance.—*Boston Med. and Surg. Journal*, June 28th.

New York University.

At the commencement of the New York University, June 21st, the following, among other degrees, were conferred:

Master of Arts.—Charles H. Ludlam, M. D., James Brown Burnet, M. D., Cornelius Van Riper, M. D., of class of '63.

Doctor in Philosophy.—J. Ghislandi Durant, M. D., New York.

Doctor of Medicine.—Alex. W. Stein, N. Y.; Edwin A. Knight, N. H.; D. B. T. McBean, C. E.; Oscar T. Sherman, N. Y.; Charles M. Stanley, N. H.; R. Perez Martinez, West Indies; Emilio A. Sanson, West Indies; J. W. McAfee, Oregon; Jirges Churu Kyan, of Latakia, Syria; Nerses Kulugian, of Marash, Turkey; Kerock Guluzyan, of Marash, Turkey.—*N. Y. Med. Record*.

Severe Surgical Operation.

Mr. A. N. CLARK, of the *Hartford (Conn.) Courant*, publishes, in that paper, over his own signature, an account of a severe operation performed on him, by Dr. J. M. CARNOCHAN, of New York, aided by Dr. G. S. GREENE, of Hartford, and others, for the removal of a fungoid growth involving the bones of the face. He says:

"The operation lasted one hour and a-half, much longer than would have been required had not the surgeon been obliged to explore as he proceeded. It was found that the disease extended inward toward the nostril, extending upward as far as the base of the skull; behind it was located, back of the pharynx, on one side and in front it bulged forward, causing considerable protrusion of the left cheek, the affected side. The integuments of the cheek were discolored, but had not as yet become ulcerated."

Hottest Weather for a Century.

The following statement from Yale College will be read with interest:

"This afternoon, at 3 P. M., my thermometer, suspended in the shade on the north side of the New Haven Hotel, indicated 103½ degrees, being the highest temperature known to have been obtained in New Haven since 1778, a period of eighty-nine years. The highest temperature recorded before the present season was 102 degrees, viz., June 24th, 1864. Previous to this the thermometer had been twice observed at 101 degrees, viz., in 1798; and there have been three other cases in which the thermometer has risen to 100 degrees, viz., in 1781, 1800, and 1845, making in all seven known instances, in which a thermometer fairly exposed in the shade has risen to 100 degrees and upward.

"The period just passed has been quite as remarkable for the long continuance of extreme heat as for its intensity. Within a period of

eleven days, the thermometer has risen five times to 95 degrees and upward. Since 1778 there has been only one other instance in which the thermometer has risen to this height; five times during the same summer, viz., 1845; and these cases are spread over an interval of thirty-six days. During the same period, there have been but two other cases in which the thermometer has risen to 95 degrees, as many as four times during the same summer, viz., in 1780 and 1798.

"The hottest month at New Haven since 1778, was the month of July, 1825. The heat of the past thirty days has been somewhat higher than that of July, 1825; so that we seem authorized in asserting that the heat of the recent period has been more intense, and the extreme heat has been longer continued than has occurred before in eighty-nine years, and probably for a much longer period. E. LOOMIS.

"Yale College, July 17, 1866."

The "heated term" continued two days longer, the thermometer sinking some ten degrees on Thursday, the 19th.

Provision for those who Become Insane in the Public Service.

An act to extend to certain persons the privilege of admission, in certain cases, to the United Government Asylum for the insane.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That civilians employed in the service of the United States, in the quartermaster's department and the subsistence department of the Army, who may be, or may hereafter become insane while in such employment, shall be admitted on the order of the Secretary of War, the same as persons belonging to the Army and Navy, to the benefits of the Asylum for the Insane in the District of Columbia, as now provided by law in reference to soldiers and sailors in the Army and Navy.

SEC. 2. *And be it further enacted*, That the following classes of persons, under the following circumstances, shall be entitled to admission to said asylum on the order of the Secretary of War, if in the Army, or the Secretary of the Navy, if in the Navy, to wit:

First. Men who while in the service of the United States, in the Army or Navy, have been admitted to said asylum, and have been thereafter discharged therefrom on the supposition that they had recovered their reason, and have, within three years after such discharge, become again insane from causes existing at the time of such discharge, and have no adequate means of support.

Second. Indigent insane persons, who have been in the same service and been discharged therefrom on account of disability arising from such insanity.

Third. Indigent insane persons, who have become insane within three years after discharge from such service, from causes which arose during and were produced by said service.

Approved July 13, 1866.

Sanitary Arrangements in the Austrian Army.

A letter in a New York exchange, dated at Vienna, says:

Vienna is placarded with appeals for lint and bandages, and for offers to take sick and wounded soldiers into private houses. Already we see ambulances coming from the railway station filled with sick soldiers, who have been sent here from the Northern camp. The sanitary service in the Austrian army is now most thoroughly organized, as follows:—Each brigade of seven battalions has connected with it a sanitary detachment, composed of an officer, seven corporals, and eighty men, charged with conveying the wounded to the rear.

The provisional ambulances, in which the first immediate treatment is given to the wounded, are situated at from a thousand to fifteen hundred feet in the rear of their respective corps. A guide of seventeen men and four stretchers are also placed at the special disposal of the surgeons of the brigade. Each army corps contains a sanitary company of two hundred and six men, with thirty-seven wagons, in which from a hundred and fifty to two hundred wounded can be transported.

The army hospitals are placed at about a mile in the rear of the line of battle of their respective corps, and are furnished with all the proper medicaments, pharmacies, laboratories, kitchens, &c. Each corps *d'armée* has connected with it a reserve sanitary company, with two wagons containing surgical instruments, medicines, &c. These reserve companies are put in communication with the field of battle, the hospital, &c., by a horse service.

Pension Examining Surgeons.

New York—Dr. IRA SHEDD, Arcade.

Tennessee—Dr. WM. H. McCONNELIN, Murphreesboro.

—Dr. ROBERT KEY GREVILLE, well known as an exceedingly active philanthropist, and one of the best botanists in Scotland, died at Edinburgh on June 4th, in his seventy-second year. He was not only a distinguished botanist and natural historian (his large collections of plants and insects were purchased by the University of Edinburgh), but also a good landscape-painter. He took a prominent part in the agitation against slavery in the British colonies. His published works are "Flora Edinensis," "Scottish Cryptogamic Flora," "Algæ Britannicæ," and in conjunction with Sir W. J. Hooker, "Icones Filicum," besides numerous papers in various scientific journals. He was an honorary member of many learned institutions, among them the Philadelphia Academy of Natural Sciences.

—Dr. THOMAS WATSON of England, has been created a Baronet. SYME the Surgeon is expected soon to receive the same honor.

—AMBROSE A. BUTTS of Auburn, Ohio, recently lifted a dead weight of 2737 3-4 pounds, which is the greatest lifting feat on record. He has been practicing at intervals during the last six years.

—The Leroy (N. Y.) *Gazette* says: "The wife of JOHN MICHAELS, of Bethany, finished hoeing potatoes on Friday, and on Monday gave birth to three daughters—one weighing 11½, another 11½, and another 10¾ pounds—all as lively as Guinea pigs."

—Dr. H. B. SANDS has been appointed attending surgeon at Bellevue Hospital, N. Y., *vice* Dr. WILLARD PARKER, resigned.

—The sum of three dollars has been fixed upon by the Commissioners of Charities and Correction, as the fee for attendance upon the Clinical lectures of the Bellevue and Charity hospitals, New York.

—Dr. J. H. DOUGLASS has resigned as editor of the *New York Medical Journal*.

—Of the 5081 patients in lunatic asylums in Scotland at the beginning of the present year, 262 had been there for more than twenty years, 63 for more than thirty years, 12 for more than forty years. One will next year complete half a century passed in a mad-house.

—Professor AGASSIZ says that the strip of "highlands which divides the waters flowing into the St. Lawrence from those flowing into the Atlantic" is the oldest land in the world. It was once a lonely sea beach, washed by a universal ocean.

—Dr. JOHN YOUNG, F. R. S. E., has been appointed to fill the chair of Natural History in the University of Glasgow, made vacant by the death of Professor ROGERS.

—Dr. ISAAC COLBY and his wife, of Concord, N. H., both died, a few days since, within a few hours of each other.

Army and Navy News.

NAVY.

List of changes, etc., in the Medical Corps of the Navy, for the week ending July 21st, 1866.

Surgeons W. S. W. Ruschenberger, David Harlan, and R. C. Dean, detailed for duty as members of a Naval Medical Board for the examination of candidates for admission into the Naval Academy.

Surgeon J. D. Miller, detailed for duty as member of the Naval Medical Board of Examiners at Philadelphia, in place of Surgeon T. J. Turner, detailed as Recorder of the Board.

Dr. W. T. Terry, appointed an Ass't Surgeon from July 12th, 1866.

Act'g Ass't Surgeon Geo. L. Simpson, promoted to Act'g Past Ass't Surgeon.

MARRIED.

FRANCE—SHEED.—In Wesley Chapel, Washington, D. C., by Rev. P. B. Brown, Dr. J. M. D. France, of that city, and Miss Leida R. Sheed.

PENDLETON—WELLES.—In Hebron, Conn., July 9th, by Rev. Mr. Bell, C. H. Pendleton, M. D., and Miss Mary M. Welles, all of Hebron.

SAVERY—BASS.—In Boston, Mass, June 28th, James B. Savery, M. D., of Farmington, Me., and Miss Emma A. Bass, of Boston.

TAYLOR—ADAMS.—On the 12th of July, 1866, at the residence of the bride's mother, in Beaver, Pa., by

Rev. J. S. Bracken, Lieut. Col. A. W. Taylor, and Miss Cynthia, daughter of the late Dr. Milo Adams.

WITHERS—FAHNESTOCK.—June 21st, by Rev. Wm. A. Fleming, Dr. M. M. Withers, of Maytown, Pa., and Miss Lizzie C., daughter of Dr. William B. Fahnestock, of Marietta, Pa.

DIED.

BRADFORD.—In New York City, July 20th, Anne Besson Bradford, wife of Dr. F. S. Bradford, of Providence, R. I.

CULBERTSON.—In Cincinnati, July 11th, 1866, Mrs. Virginia B. Culbertson, wife of Dr. J. C. Culbertson.

DONAGHE.—In New York, on Wednesday, July 18, William R. Donaghe, M. D., aged 36 years.

GROUARD.—In Pittsburgh, July 12th, William Bake-well, infant son of Dr. J. H. and A. M. Grouard, aged 8 months and 12 days.

LOTT.—In Quakertown, Pa., on the 8th instant, Dr. Charles F. Lott, in the 86th year of his age.

MARTIN.—In Camden, N. J., July 18th, Hannah, relict of Dr. Dr. George Martin, in the 80th year of her age.

WHIPPLE.—In Green township, Hamilton county, Ohio, July 13th, of disease of the spine, Maggie M., youngest daughter of Dr. A. and Mary Ann Whipple.

ANSWERS TO CORRESPONDENTS.

Dr. J. R. McC., *Bluffton, Ind*—Gray's Anatomy, Carpenter's Physiology, Wood's Practice, Gross' Surgery, Hodge's Obstetrics, and Dunglison's Dictionary, sent by Express to Fort Wayne, 20th instant.

Dr. J. W. B., *Washington, D. C.*—Sims' Clinical Notes on Uterine Surgery, sent by mail, on the 17th.

Dr. A. P. F. Litzenberg, *Pa.*—We can send you "Shakespeare's Delineations of Insanity" by Kellogg. Price \$1.50. The Price of Webster's Unabridged Dictionary is \$12.

METEOROLOGY.

July,	9,	10,	11,	12,	13,	14,	15.
Wind.....	S. W.	N. W.	N. W.	N. W.	N. W.	S. W.	S. W.
Weather.....	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.
Depth Rain.....						Sho'r. t. & l. 6-10	
Thermometer.							
Minimum.....	70°	68°	54°	59°	66°	74°	67°
At 8 A. M.....	80	72	71	75	86	83	84
At 12 M.....	75	75	80	87	90	90	90
At 3 P. M.....	75	75	82	89	91	92	93
Mean.....	75.	72.50	71.75	77.50	83.25	84.75	83.25
Barometer.							
At 12 M.....	30.2	30.3	30.2	30.1	30.	30.1	30.1

Germantown, Pa.

B. J. LEEDOM.

AMERICAN MEDICAL ASSOCIATION.

The Committee on PRIZE ESSAYS request that all communications to be submitted to them, be sent to their Chairman, before the 15th day of March, next, accompanied by a sealed envelope containing the name and address of the author.

The Association offers two prizes of one hundred dollars each for the best two essays on any subject connected with the Medical Sciences.

F. DONALDSON, *Chairman.*

W. CHEW VAN BIBBER.

JOSIAH SIMPSON.

EDWARD WARNER.

C. C. COX.

Baltimore, June 25, 1866.

N. B.—Medical Journals will please insert the above.

490—3t.

SUMMER SCHOOL OF MEDICINE.

No. 920 Chestnut Street, Philadelphia.

ROBERT BOLLING, M. D., JAS. H. HUTCHIN-
SON, M. D., H. LENOX HODGE, M. D.

EDWARD A. SMITH, M. D., D. MURRAY CHESTON, M. D.,

HORACE WILLIAMS, M. D.

The Summer School of Medicine will begin its second term on March 1st, 1866, and students may enjoy its privileges without cessation until October.

The regular Course of *Examinations and Lectures* will be given during April, May, June, and September, upon

ANATOMY,
SURGERY,
CHEMISTRY,
PHYSIOLOGY,
OBSTETRICS,
MATERIA MEDICA,
PRACTICE OF MEDICINE.

The subjects will be studied by the aid of Specimens, Manikins, Demonstrations, and Clinical Examinations of Patients.

Students will be given access to the Pennsylvania, Episcopal, and Children's Hospitals. The employment of the Microscope, and the microscopic appearance of the tissues and fluids in health and disease, with the chemical tests and reactions, will also be taught.

FEE, \$50.

SURGERY.

A Course of Lectures on SURGICAL DIAGNOSIS will be delivered by Dr. H. LENOX HODGE, during April, May, June, and September, at the Summer School of Medicine, No. 920 Chestnut Street, Philadelphia.

The history, causes, symptoms, and pathology of Surgical Diseases and Injuries will be carefully studied, and the means of recognizing and treating such disorders distinctly taught.

Instruction will be given in the use of the Microscope, Ophthalmoscope, Otoscope, Laryngoscope, Endoscope, and other specula; in Percussion and Auscultation, and other means now employed for physical examination.

FEE, \$10.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, and in Practical Obstetrics. They will be enabled to examine persons with diseases of the Heart and Lungs, and to attend women in confinement. The class rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text-books, etc., will be constantly open for study.

The Winter Course of Examinations will begin with the Lectures at the University of Pennsylvania in October, and will continue till the close of the session.

Fee for Office Students (one year), \$100.

Fee for one Course of Examinations, \$30.

Class Rooms, No. 920 Chestnut St., Philadelphia.

Apply to

H. LENOX HODGE, M. D.,

479—530

N. W. corner Ninth and Walnut Streets.

OPERATION FOR CATARACT.

Cataract patients operated on *at their homes*, and physicians shown at the time how to operate successfully.

Address, S. L. Van VALZAH, M. D., Boalsburg, Pa.
490-93. S. L. VAN VALZAH.

STRUMATIC SALT,

From Mineral Springs, containing
IODINE AND BROMINE,

MANUFACTURED BY THE
PENNSYLVANIA SALT MANUFACTURING
COMPANY.

We would bring to the notice of physicians the virtues of
STRUMATIC SALT,

in the treatment of Scrofula and other kindred diseases.

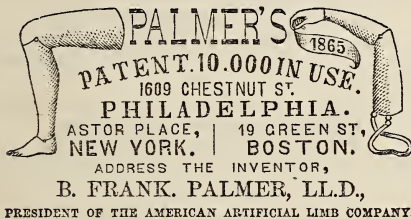
It contains a considerable amount of Iodides and Bromides—combined with other salts—such as Chloride of Magnesium, Iron, Potassium, Sodium, and used in the form of baths, becomes a very acceptable substitute in diseases where their internal use is contra-indicated.

The Salt is prepared from the menstuum of Salt-wells of the Pennsylvania Salt Manufacturing Co., and every attention has been given to their purity.

The application of Strumatic Salt Baths is especially to be suggested in enlarged glands, and in that depraved condition of blood in which an alterative and tonic treatment is so much needed; in Rheumatism, it is especially adapted, in tertiary syphilis, cutaneous diseases, and diseases of the bony structure.

Depot for the sale of the Strumatic Salt, at

For sale by H. CRAMER,
453—504 320 Race street, Philadelphia.



PALMER'S
PATENT 10,000 IN USE.
1609 CHESTNUT ST.
PHILADELPHIA.
ASTOR PLACE, 19 GREEN ST.
NEW YORK. BOSTON.
ADDRESS THE INVENTOR,
B. FRANK PALMER, LL.D.,
PRESIDENT OF THE AMERICAN ARTIFICIAL LIMB COMPANY.

These inventions stand approved as the "best" by the most eminent Scientific and Surgical Societies of the world, the inventor having been honored with the award of **FIFTY GOLD AND SILVER MEDALS** [or "First Prizes"], including the **GREAT MEDALS OF THE WORLD'S EXHIBITIONS IN LONDON AND NEW YORK**; also the most Honorary Report of the great **SOCIETY OF SURGEONS OF PARIS**, giving his Patents place above the **ENGLISH AND FRENCH**.

Dr. PALMER gives personal attention to the business of his profession, aided by men of the best qualifications and greatest experience. He is specially commissioned by the **GOVERNMENT**, and has the patronage of the prominent **OFFICERS OF THE ARMY AND NAVY. SIX MAJOR-GENERALS**, and more than a thousand less distinguished officers and soldiers, have worn the **PALMER LIMES** on active duty, while still greater numbers of eminent civilians are, by their aid, filling important positions, and effectually conceal their misfortune.

ADVICE AND PAMPHLETS GRATIS.

To avoid the imposition of **COPYISTS**, apply only to
Dr. PALMER,
474 1609 Chestnut street, Philadelphia.

SURGICAL INSTRUMENT MAKER.—**LOUIS V. HELMOLD**, No. 135 South Tenth Street (opposite the Jefferson Medical College), Philadelphia, manufactures and keeps constantly on hand a general assortment of **SURGICAL INSTRUMENTS**, of the finest quality and most approved pattern.
173

DA COSTA'S MEDICAL DIAGNOSIS.

Second Edition. Just Issued. Price \$6.

For four new Subscribers to the **MEDICAL AND SURGICAL REPORTER**, and the money for a year (\$20), a copy of this original and popular American work, which has been thoroughly revised, with the addition of much new matter, will be sent. X

FOR SALE.

"Appareil Volta-Faradique of M. Duchenne de Bologne." It is in perfect order with the exception of the "pièces de drap," which requires to be renewed. Cost \$142.50; will be sold for \$100.00. (Directions for use.)

Also, one large Ophthalmoscope of "Liebreich for Class Demonstration." Price \$70. Cost \$80.

One Cooper's Eye Douch. See "Walton," p. 14, English Edition. Price \$10. Cost \$13.

A collection of rare Drugs and Chemicals, about 700, for office students, with catalogue. Price \$54, or 12½ cents each.
482 t.f.—X
Apply at this office.

NEW ENGLAND

MUTUAL LIFE INSURANCE COMPANY.

Established 1843.

Assets, December 1st, 1864,.....	\$2,926,254
Losses paid during the year,.....	243,750
Losses unpaid,.....	36,450
Dividends unpaid,.....	184,628
Premiums, cash,.....	\$440,525 14
Premiums, notes,.....	318,607 44

Interest received from investments,.....	759,133
Premiums returned,.....	221,942
Expenses of every kind,.....	64,203
	88,732

This, the oldest purely Mutual Life Insurance Company in the United States, has been uniformly successful, always making large and regular returns in cash to all policy-holders. Last cash dividend **THIRTY-NINE PER CENT**. It is strictly an institution for mutual protection, entirely beneficent in all its workings and tendencies.

The Insurance Commissioners state its surplus (\$850,000) over liabilities are proportionately **GREAT**, while its expenses are proportionately less than any other Company.

Economy, caution in its risks, and prudent investments, characterize this Company. Being purely mutual, it insures at the lowest possible rates, and if the premiums paid exceed the actual cost, the surplus is returned.

Every fifth year, when the dividends are declared, the business is, as it were, closed, so that its real condition and solvency are made manifest, and the surplus funds are then divided *pro rata* among all the insured, thus guarding against any possible loss from mismanagement, and providing a guarantee for the future.

Parties at a distance may insure from blanks, which will be forwarded free of expense.

Documents showing the benefits of Life Insurance, with the advantages of the Mutual Plan, and the superior position and marked success of this Company, and explaining the different kinds of Policies, with their methods of payment, may be obtained, free of expense, upon application, either personally, or by mail, to

DIRECTORS..

CHARLES P. CURTIS
THOMAS A. DEXTER,
M. P. WILDER,
SEWELL THAYER,
CHARLES HUBBARD,
W. B. REYNOLDS,
GEORGE H. FOLGER,
F. C. LOWELL,
JAMES S. AMORY,
HOMER BARTLETT.
B. F. STEVENS, President.
JOSEPH M. GIBBENS, Secretary.

Examinations daily at 1 o'clock.

W. D. STROUD, M. D., Medical Examiner.

WILLIAM GETTY, Agent,
No. 425 Chestnut Street, Philadelphia.

446—471*

WILLIAM ELLIS & CO.,
WHOLESALE DRUGGISTS,

(At the old stand of Charles Ellis & Co.)

No. 722 AND 724 MARKET STREET,
LABORATORY.—Nos. 10 AND 12 SHOEMAKER ST.,
PHILADELPHIA,

OFFER FOR SALE TO

PHYSICIANS AND OTHERS,

A general assortment of

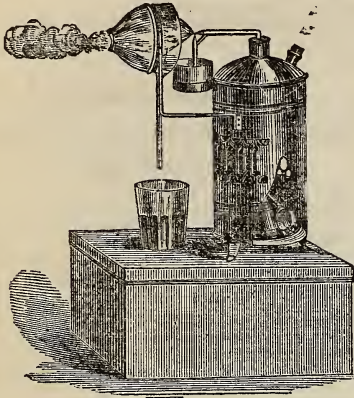
PURE DRUGS and MEDICINES.

Orders from abroad will receive prompt attention.

457—503*

FEMALE MEDICAL COLLEGE OF PENNSYLVANIA.

The Seventeenth Annual Session of the Female Medical College of Pennsylvania will commence on Monday, October 15th, 1866, and continue five months. For further particulars address the Secretary, Mrs. E. H. CLEVELAND, M. D., North College Avenue and 22d Street, Philadelphia. 481—497*



THE NEPHOGENE.

The most compact, complete, and *cheapest* steam apparatus yet devised for atomizing medicated fluids for inhalation.

Securely packed for transportation in a metallic box, which also serves for a stand when the instrument is in use, and obviates the necessity of any additional fixtures. Can be used with any kind of atomizers.

Sent by express, on receipt of the price, to any part of the United States and Canada.

Price, \$10. Extra Face Protectors, \$1.00.

Every instrument will be thoroughly tested and warranted perfect in every respect.

"MASSACHUSETTS GENERAL HOSPITAL,
Boston, June 11, 1866.

WILLIAM READ, M. D.:

Dear Sir—The apparatus for atomizing medicated fluids for inhalation, arranged under your direction, has been used for some time in the hospital with entire success. It is perfectly safe, compact, and easily applied. I take pleasure in saying that it is the simplest and most convenient atomizer I have ever yet seen.

Yours very truly,

BENJAMIN S. SHAW, M. D.,
Resident Physician and Superintendent,
Massachusetts General Hospital."

WILLIAM READ, M. D.,
873 Washington Street,
Boston, Mass.

485

PARIS EXPOSITION.

Dr. Thomas W. Evans, of Paris, in concurrence with the Geneva International Committee (for the amelioration of the condition of the wounded upon the field of battle) proposes to make a collection of material which may serve to illustrate the surgical and sanitary history of our late war, for the

EXPOSITION UNIVERSELLE,

to be held in Paris in 1867.

I would therefore call the attention of all interested in HOSPITALS,

HOSPITAL TENTS,

HOSPITAL FURNITURE,

AMBULANCES,

SURGICAL INSTRUMENTS,

or any other military or civil surgical appliance, to a plan which will secure for these articles the best possible exhibition free of any expense to the contributors.

When articles are costly, or of peculiar interest, or are likely to prove of special value in such a collection, a portion of the cost may be assumed by the subscriber, to whom application may be made for additional information, at No. 76 Water Street, New York.

487—492

EDWARD A. CRANE.

REAL ESTATE COLUMN.

TO PHYSICIANS. A physician of thirty-two years' practice, fourteen at his present location, a town of 1000 inhabitants, in a border State, within four or five hours by rail from Philadelphia, wishes, on account of ill health, to relinquish practice, will dispose of his residence and practice. The house is a two-story frame, 36 by 30 feet, with necessary back and out buildings, stables, etc., all as good as new, plenty of fruit and shade trees, lot 10 by 300 feet. The house is built of the best material, modern style, papered throughout, garret and cellar plastered. To a physician of energy and some experience, especially surgical experience in the army, it would be a most desirable location. The practice has been worth over \$2000 a year, and by a man of proper qualifications and address it could be largely increased. Price \$45 0, the buildings alone could not be put up for less than \$3000. Address "Medicus," through the MEDICAL AND SURGICAL REPORTER. 490—93.

FOR SALE.—The residence and good will of a large practice of a physician, residing in a pleasant town of about 1500 inhabitants, with excellent country practice connected therewith. The property, lying on a railroad, is within a few steps of the depot, and within 24 hours' ride by railway of the cities of New York or Philadelphia. Churches of all denominations, school, and mechanics, convenient to the place. The property consists of a large commodious stone mansion, with office attached, and all necessary out-buildings, nearly new and in an excellent state of repair. It is surrounded by a highly intelligent and respectable community. The owner wishes to retire from practice.

Possession given immediately.

Address this office.

488—491.

VACCINE VIRUS FROM KINE.

Securely mounted for distant places.

One crust, or one capillary tube of liquid lymph, \$2.00 each.

EPHRAIM CUTTER,

Ex. off. a Vice-President of the

Mass. Medical Society,

Address,

13 Pemberton Square,

Boston, Mass.

489 t.f.

VACCINE VIRUS,

FRESH FROM HEALTHY WHITE CHILDREN,

FOR SALE BY

BULLOCK AND CRENSHAW,

Arch and Sixth Street,

PHILADELPHIA.

485—539

Price, \$1.50 per crust.

SAMUEL S. WHITE (Successor to Jones and White), manufacturer of PORCELAIN TEETH and DENTISTS' MATERIALS, Gold and Tin Foils, Dental Instruments, Gold and Silver Plate operating Chairs, Corundum Wheels, Lathes, Furnaces, Rolling-mills, Blow-pipes, and all other articles used by the Profession. **SURGICAL INSTRUMENTS**, of the best quality, in cases or single, as may be desired, supplied to order, consisting of Lithotomy, Amputating, Trepanning, Obstetrical, and Dissecting Instruments. Catalogues sent on application. Also, publisher of the

DENTAL COSMOS: A Monthly Record of Dental Science. Devoted to the Interests of the Profession. Edited by J. H. McQUILLEN, D. D. S., and Geo. J. ZEIGLER, M. D. Terms, per annum, in advance, \$2.50. Specimen numbers sent on application.

DEPOTS—523 Arch Street, Philadelphia; 658 Broadway, New York; 16 Tremont Row, Boston; 102 Randolph Street, Chicago. 345

SURGEONS OF NEW YORK.

Price \$1.25.

A copy of this work, just issued, containing Biographical Sketches of fifteen Living Surgeons of New York, also a sketch with a fine steel portrait of the late Dr. VALENTINE MOTT, will be sent for one new Subscriber to the MEDICAL AND SURGICAL REPORTER, and \$5.

MICROSCOPES

Varying in Price from \$20 to \$400.

Microscopic objects of the following subjects in great variety :
Anatomical preparations injected and mounted, both wet and dry. Sections of bone and teeth, Specimens in Natural History, Specimens in Chemistry for the Polaroscope, etc., etc.
Also glass slips, thin glass covers, Canada balsam, marine glue, etc., and for mounting objects, and in fact every thing required by a microscopist, made and for sale by

JAMES W. QUEEN,
924 Chestnut Street,
Philadelphia.

469

Priced and Illustrated Catalogues sent free.

JOHN C. BAKER & CO'S COD LIVER OIL.

The testimony of the ablest professors of medicine, alike unsolicited and unequivocal as to the chemical and medicinal purity of Messrs. JOHN C. BAKER & CO'S COD LIVER OIL, justify the manufacturers in calling to its merits the attention of the medical faculty. The process of its facture involves only the loss of the characteristic unpleasantness of taste in the crude oil. Of its pharmaceutical virtues, not one particle is lost in the process of purification. The manufacturers are supported by Professors JACKSON and LEIDY, of the University of Pennsylvania, Doctors MUTTER, DARRACH, HARLOW, YARDLEY, KNIGHT, LUDLOW, and many other prominent practitioners, in inviting the faculty everywhere to test and to prescribe this oil in preference to the more than few unreliable brands that are frequently forced upon the market.

The details of the manufacture of BAKER'S COD LIVER OIL are supervised with jealous care. Nothing but the livers of the true Gadus Morrhua are used, and the result is a pure, almost tasteless and inodorous oil, such as the medical practitioner may prescribe with confidence and anticipate enjoyable results. Respectable apothecaries everywhere that medical literature is in circulation usually sell our brand of oil. The trade is supplied from our head-quarters in Philadelphia.

JOHN C. BAKER & CO.,

718 MARKET STREET.
Philadelphia.

444—495*

PRACTICAL INSTRUCTION IN THE TREATMENT OF DISEASES OF THE LARYNX, TRACHEA, POSTERIOR NARES, ETC.;
WITH THE USE OF THE LARYNGOSCOPE.

The undersigned is prepared to teach LARYNGOSCOPY and RHINOSCOPY to physicians and advanced students.

A well attended daily clinic affords an admirable opportunity for practical experience in the manipulation of instruments.

TERMS:

In Classes..... \$15 00
Private Tuition..... 40 00

J. SOLIS COHEN, M. D.,

488

1106 Walnut Street.

FLINT'S PRACTICE OF MEDICINE.

Just issued. Price \$6, cloth.

A copy of this new and popular work on the Practice of Medicine will be sent to any one procuring five new Subscribers to the MEDICAL AND SURGICAL REPORTER, and sending \$25, the amount of subscription for a year. X

CASH CAPITAL, \$200,000.

THE UNITED STATES ACCIDENT INSURANCE COMPANY,

of Syracuse, New York, insures against
DEATH FROM EVERY CAUSE,

Whether ACCIDENT, CHOLERA, or DISEASE of any kind, with weekly compensation for DISABILITY from ACCIDENT.

COMBINED POLICIES FROM ONE TO FIVE YEARS.

ACCIDENT POLICIES FROM ONE MONTH TO TEN YEARS.

NO MEDICAL EXAMINATION REQUIRED FOR
ACCIDENT INSURANCE.

This is the only Company authorized by its Charter to issue COMBINED LIFE AND ACCIDENT POLICIES, uniting the benefits of both Life and Accident Insurance under one policy and premium, at the lowest rates consistent with the soundness of the Company and the security of the Insured.

Rates for Accident Insurance, FIVE DOLLARS for every \$1000, with FIVE DOLLARS weekly compensation.

A deduction of TEN per cent from above rates will be made to Physicians insuring direct at this office from the General Agent.

WILLIAM A. STEPHENS,
General Agent,
501 Chestnut Street,
Philadelphia.

486—537*

JUST OUT, PRICE ONE DOLLAR, POST-PAID, INSTRUCTIONS IN THE PREPARATION, ADMINISTRATION, AND PROPERTIES OF NITROUS OXIDE, PROTOXIDE OF NITROGEN, OR LAUGHING GAS, FOR DENTAL AND SURGICAL PURPOSES, BY GEO. T. BARKER, D. D. S.,

Professor of Principles of Dental Surgery and Therapeutics in the Pennsylvania College of Dental Surgery.

Also a full stock of all the apparatus and material used in making and administering the Gas, on hand and for sale by the publishers and subscribers.

Address,

RUBENCAME & STOCKTON,

Dental Depot,
825 Arch Street,
PHILADELPHIA, PA.

483—495

HISTORY OF THE AMERICAN MEDICAL ASSOCIATION.—(With Portraits) This splendid and complete work written by Dr. N. S. DAVIS, contains a complete history of the American Medical Association, from its organization to its meeting at St. Louis, in 1854. It contains splendid STEEL ENGRAVED PORTRAITS OF DRs. JONATHAN KNIGHT, of New Haven, NATHANIEL CHAPMAN, of Philadelphia, A. H. STEVENS, of New York, JOHN C. WARREN, of Boston, E. D. HUSSEY, of Cincinnati, JAMES MOULTREY, of Charleston, B. R. WELFORD, of Richmond, C. A. POPE, of St. Louis, and N. S. DAVIS, of Chicago. For sale at this office; Price \$1. X

DR. JEROME KIDDER'S ELECTRICAL DEPOT REMOVED TO 480 BROADWAY, NEW YORK.

Always on hand SUPERIOR ELECTRO-MEDICAL APPARATUS, with new improvements, patented in the United States, England and France.

DR. JEROME KIDDER'S Genuine Six Current Vitalizing ELECTRO-MEDICAL APPARATUS received the *highest premium* at the American Institute, New York; the Franklin Institute, Syracuse, and wherever it has been exhibited in competition. It has NEARLY DOUBLE THE MAGNETIC POWER of any machine called magnetic. The highest testimonials in favor of this apparatus from Professors Mott, Silliman, Vander Weyde, and other eminent scientific men. Used by the leading practitioners wherever it is known.

Address, **Dr. JEROME KIDDER,**
445—487 480 Broadway, New York.

DUNGLISON'S MEDICAL DICTIONARY.

New Edition. Price \$6.

Five new Subscribers to the MEDICAL AND SURGICAL REPORTER, and the amount for a year (\$25), will secure a copy of this valuable work. X

LOCAL ANÆSTHESIA AND ATOMIZATION OF LIQUIDS.

Will be sent by mail when requested, a pamphlet on "Atomization of Liquids," and Thudichum's method of treating Catarrh. By distinguished medical authority, with description of apparatus for these purposes, and for producing Local Anæsthesia by freezing with Rhigolene, as described by Dr. BIGELOW of Boston; or with Ether, as employed by Dr. RICHARDSON of London. Our apparatus for Local Anæsthesia freezes the flesh in from two to ten seconds when used with Rhigolene, and in about one minute with pure Sulphuric Ether.

The following is an extract from a note from Dr. J. H. BIGELOW:

"I have thus far found nothing better for freezing with Rhigolene than the tubes made by you after the pattern I gave you, and which I still use with your other apparatus."

Price of Apparatus for Local Anæsthesia..... \$6 00
Rhigolene, per bottle..... 1 00
Also,

LARYNGOSCOPES,

OPHTHALMOSCOPES,

HYPODERMIC SYRINGES,

and SURGICAL and DENTAL INSTRUMENTS of every description.

CODMAN & SHURTLEFF,
13 & 15 Tremont Street,
Boston, Mass.

488

A WESTERN MEDICAL JOURNAL. THE MEDICAL REPORTER.

A SEMI-MONTHLY RECORD OF

MEDICINE AND SURGERY,

T. S. B. ALLEYNE, M. D., and O. F. POTTER, M. D., Editors.

Subscription, \$3 per annum, or 4 Copies
for \$10, in advance.

ADDRESS,

P. M. PINCKARD, Publisher,
No. 80 Pine Street, St. Louis,
MISSOURI.

SEND FOR A SPECIMEN COPY.

483—X

THE CONNECTICUT MUTUAL LIFE INSURANCE COMPANY

IS THE LARGEST IN AMERICA.

It has the largest amount insured.
It has the largest surplus.
It has the largest income.
It has the largest business.
It has the lowest average expenses.
It obtains the highest rate of interest on its investments.
(See Massachusetts Insurance Reports.)
It therefore affords Life Insurance at less cost than any other Company

DIVIDEND OF 1866,

(NOW BEING PAID.)

SIXTY PER CENT.

All Policies issued by this Company are either
NON-FORFEITABLE

by their terms, or may be converted into those which are non-forfeitable, at the option of the insured.

WALTER H. TILDEN, Agent,
404 Walnut Street,
Philadelphia.

472—437*

THE TRUSS AND BANDAGE BUSINESS of the late Dr. MCLEENACHAN, No. 50 North SEVENTH Street, will be continued by MRS. MCLEENACHAN. Mr. G. W. TAYLOR, of more than twenty years' experience in this branch of Mechanical Surgery, and for many years connected with this establishment, will take charge of the Male Department. Ladies will be attended by MRS. MCLEENACHAN. Physicians can rely on getting the most approved RADICAL CURE and other TRUSSES, FEMALE SUPPORTERS, SHOULDER BRACES, ELASTIC STOCKINGS, SPINAL APPARATUS for weak and curved spines, and INSTRUMENTS FOR ALL DEFORMITIES. Private entrance for Ladies. 334

NOW READY.

BIOGRAPHICAL SKETCHES

OF

DISTINGUISHED LIVING

NEW YORK SURGEONS,

BY

SAMUEL W. FRANCIS, A. M., M. D.,

(Fellow of the New York Academy of Medicine, Author of "Mott's Clinics," "Water, a Philosophical Treatise," "Inside Out," a Psychological Novel, etc., etc.)

Reprinted from the Medical and Surgical Reporter.

One Volume 12mo., containing a beautiful steel engraving of the late Dr. MOTT, together with interesting sketches, anecdotes, and lists of the works and particular operations of Drs. MOTT, VAN BUREN, POST, J. R. WOOD, BATCHELDER, STEPHEN SMITH, etc., etc. Published by

JOHN BRADBURN,
New York.

Price \$1.25.

For Sale also at this Office.

X

SURGICAL & ORTHOPÆDICAL INSTRUMENTS, ARTIFICIAL LIMBS, etc.—D. W. KOLBE, 32 and 34 South NINTH Street, next door to the University of Penn'a, Philadelphia, manufactures to order, and keeps constantly on hand a general assortment of SURGICAL INSTRUMENTS, only of the best quality and most approved pattern. Attention is called to his ORTHOPÆDICAL INSTRUMENTS. Many years of indefatigable labor and extensive experience has earned him the patronage of our most eminent surgeons, and the public in general. He does not hesitate to say, that no establishment in this country or abroad has attained to such perfection in this important department. His ARTIFICIAL LIMBS are made in strict accordance with anatomical facts, and their construction is entirely different, lighter, and yet more durable than any others. For further information, address the manufacturer. ARMY and NAVY HOSPITALS, and the trade in general, supplied on reasonable terms. Orders by mail promptly filled.
REFERENCES:—All the eminent surgeons of this city. 337

THE MEDICAL AND SURGICAL REPORTER.

No. 492.]

PHILADELPHIA, AUGUST 4, 1866.

[VOL. XV.—No. 5.]

ORIGINAL DEPARTMENT.

Communications.

DISEASES OF THE MOUTH.

By JAS. E. GARRETSON, M. D.,

Of Philadelphia.

(Continued from p. 88.)

Dental Necrosis.

Dental necrosis, death of the teeth, or death of the neighboring bone from causes associated with the teeth, may claim attention as being the most common of all the troubles of the ossa corpore.

A tooth has a twofold source of vitality—an internal or tubular circulation, secured from its pulp, and an external or periosteal. The destruction of this internal circulation, through the killing of the nerve and filling the root-canal by the dentist, is so common an occurrence as to be familiar to almost every one.

By the majority of teeth, if properly treated, this destruction seems to be sustained without much apparent inconvenience. Such treatment consists in extracting from the cavity every particle of the dead pulp, and so filling it with gold or other material, as to prevent the introduction of more irritating matter. When teeth, however, are not properly treated, or when there is great susceptibility in the system to inflammatory action, the destruction of the pulp results in an extension of the destructive action to the periodental membrane, yielding the trouble known as periodontitis; this, if not abated or resolved, ends in the death of the tooth.

A dead tooth is not, however, fortunately, treated in all cases by the system, or even in the majority of cases, in so summary a manner as a piece of dead bone. As a rule, there exists a wonderful forbearance on the part of nature to its presence, and the organ may be retained in its cavity and made to serve a useful purpose for a long time. True, it is discolored, and, providing there is no decomposing pulp in the canal, in proportion to this discoloration may the degree of death—if I may so speak—be judged. A

tooth lowers in the scale of vitality in various degrees. It may be deteriorated as the death of part of its pulp is concerned, or as the death of all of it is implied—as the whole or any part of its periosteum is concerned. When both pulp and periosteum are dead, the tooth, of necessity, must be dead with them, and in proportion to their destruction, so is its destruction.

Some systems are so irritable that all the skill in the world could not make the mouths retain a tooth in which alone the pulp is dead. Others, on the contrary, are so unimpressable that half the teeth in the mouth might be utterly dead, and yet no complaint is made. I once, as an experiment, replaced in the mouth a central incisor tooth, which had been extracted twelve hours before, and, although it had been carried in the pocket, enveloped in the usual collection of dust, tobacco, keys, knife, etc., the whole intervening time, I kept it in its socket until the parts became reconciled. Five years have since passed, and it seems, this hour, about as useful as in its palmiest days.

The irritation, inflammation, and death of a tooth is generally the result of caries exposing the pulp. The first stage in the destructive process is the death of the pulp*—here it may end, the pulp sloughing off at the foramen, and the periosteum assuming the full duties of nutrition. If this is not the case, the periosteum becomes involved, and if it dies, the root is left as if scraped; the tooth is then dead. A dead or partly dead tooth is recognized by its loss of translucency, and the opacity varies from the slightest discoloration to complete blackness.

A dead tooth is not, however, always associated with caries. An inflammation resulting in its destruction, may be induced by atmospheric changes, blows, etc. etc. This should be recognized, so that by reason of the absence of caries a diagnosis may not be obscured.

A dead tooth, when exfoliated, is thrown off in two ways: either by chronic or acute action. When by acute action, violent inflammation is set up in all the surrounding parts, the tooth is

* The pulp of a tooth is composed of most delicate connective tissue, in which ramifies the vessels and nerve.

elongated and loosened, much pus is discharged, and eventually the tooth drops from its socket; this accomplished, the trouble subsides. In chronic exfoliation, the parts indurate, one or more sinuses form, as in abscess. All the parts about the tooth are thickened and rough, as if some ugly disease was in process of development. The tooth generally grows very dark, perhaps black. It does not get loose, but frightens into its removal. If such extraction be not resorted to, it involves the bone, and tooth and alveolus becomes eventually cast off as a common sequester. Another and more common chronic form consists in the gradual absorption from about the roots of the dead tooth of its alveolar process. This is most common in old persons, although not, by any means, so confined. This form of exfoliation is usually very slow in its progress, extending over a period sometimes of several years. Cases, however, frequently present—confined to young persons—where several teeth are cast off in this manner within eight or nine months.

Teeth sometimes die from the filling up of their tubules by secondary dentine, the organic function residing in them being thus destroyed. This never occurs but in what are commonly recognized as very dense teeth, and is seldom found associated with caries. Such teeth loosen day by day, and finally drop from their cavities. To arrest this trouble seems impossible. I know of no treatment that has ever seemed to have the least effect.

Alveolar Necrosis.

The periosteum lining the roots of a tooth are reflected to its alveoli; hence, it is commonly termed the "alveolar dental periosteum." As the result of such relationship of structure, an inflammation originating in a tooth extends itself to the surrounding bone, and according to its severity, affects the parts involved; hence portions of alveolus, overwhelmed, as it were, by the force of the attack, sometimes die and sequester. This form of necrosis, however, is very rare, and would perhaps never exist with proper treatment.

The dentist, for the purpose of destroying the pulps of teeth, applies a mixture of arsenic, morphia, and creasote. This is placed in the cavity of decay and covered over with cotton or wax; it happens however, occasionally, that from its improper application, as some difficulty of retaining it in place, this paste oozes down around the neck of the tooth, and thus acts upon parts not intended in its application, destroying them; in this way alveolar necrosis is not unfrequently induced, the

portion destroyed is never, however, very considerable, and generally exfoliates in from two to four weeks. The local application of the sesqui oxide of iron, has been thought by some to exert a happy effect, applied immediately on the discovery of the accident. I myself have never employed it, but have depended on repeated syringings and the ordinary antiphlogistics.

Alveolar necrosis is sometimes induced by the application of chloride of zinc, used by the dentist as an obtunder of dentinal sensibility, and for the purpose of controlling the slight hemorrhages caused by the slipping of instruments in the operation of filling; the first effect is, of course, upon the gum, inflaming and engorging them, the effect upon the bones being secondary. Nothing better than the ordinary antiphlogistic application can be employed. The action here is much more tardy than in the destruction induced by arsenic, the sequestrum is never very considerable, the alveolus perhaps of a single tooth; the action of nature in the separation should always be waited. Cases, of what for want of a better name, might be termed sporadic, sometimes occur. An instance from practice will illustrate. I. B., an Irish laborer, consulted, for pain in the two inferior incisor teeth, no caries, no periosteal inflammation, no anything was observable; the pain increased day by day, until at the end of the second week the two teeth and their alveoli were found detached and dissected from the gum. This case is one of a very few of the kind that I have seen. The nerves are not found dead if examined at such time; as, under ordinary circumstances, one would so expect to find them; there is no soreness of the teeth on pressure, and strangest of all, there are none of the common phenomena of inflammation. The practitioner in such cases can easily be guarded by such indications as he may be able to seize upon.

Necrosis from want of room for eruption of wisdom tooth.—This most commonly is found associated with the lower jaw alone. The close relationship of the second molar with the ramus, makes the egress of the advancing wisdom tooth an impossibility; hence an irritation resulting in inflammation. The serious extension of the trouble to the bone, is always however, preceded with more or less trismus and difficulty in deglutition; thus every chance is given for surgical relief. This form of necrosis is to be looked for between the seventeenth and twenty-fifth years. The extraction of the second molar, allows the wisdom tooth to fall forward, and thus the irritation is removed and a cure effected. These cases are as simple, and harmless, if rightly treated, as

they are severe and prostrating if left to chance or improperly managed. Extract the second molar tooth, and do not attempt the removal of the offending one.

Exfoliations of laminae of bone are very common after the operation of extraction. These pieces vary in size from a hazlenut to a pin-head. They may be left to take care of themselves, or when perfectly loose, may be dissected out.

VESICO-VAGINAL FISTULA:

Its History and Treatment.

By D. HAYES AGNEW, M. D.,

Demonstrator of Anatomy and Assistant Lecturer on Clinical Surgery in the University of Pennsylvania; one of the Surgeons of the Pennsylvania Hospital; and one of the Surgeons of the Wills Hospital for Diseases of the Eye.

(Continued from page 60.)

BLASIUS advised a grooved suture. The margins of the fistula were fashioned with a sharp-pointed knife, as follows: Taking hold of one side with a hook or forceps, it was split longitudinally, or parallel with the long axis of the opening; then seizing the other and everting it, the knife was applied to its surfaces in such a manner as to give it a cuneiform or wedge-shaped form; needles armed with thread sutures were next passed, drawing the wedge-shaped side into the gutter or slit of the opposite, constituting a tongue and groove (as he calls it) adjustment. He claims for this a more extended apposition or contact of raw surfaces.

LEWZISKY's operation consisted in inserting the stitches by means of a canula, traversed by a watch-spring, supporting a needle bearing a thread. This instrument was carried into the bladder, and the needle made to project from the canula, puncturing the septum from the vesico toward the vaginal side. By repeating this process above and below the opening, the ends of the sutures were all brought into the vagina, and secured on that side. This operation is similar in most respects to that of NÄGLE, and includes the entire thickness of the vesico-vaginal wall.

COLOMBAT furnishes us with an operation much more remarkable for its ingenuity than utility. The chief novelty of his method consists in using a spiral needle, not unlike a corkscrew, (Fig. 2.)

FIG. 2.
Colombat Needle.



Fig. 29, page 254, from COLOMBAT on Females, by MEIGS. 1845. having a steel-point, with an eye for the thread. At the other extremity, where it combines with

the handle, there is a second eye, through which the ends of the thread are passed, after being wound about the spiral of the instrument. After vivifying the edges with a pair of cutting forceps, the needle is made, by a rotatory movement, to pierce one side of the fistula; then the other, and so on, just as one would bore a gimlet, until its entire length was traversed, when by reversed turns it was removed, leaving the thread in its track, as represented in Figs. 3 and 4. This is a

FIG. 3.



FIG. 4.



Figs. 30 & 31, p. 254, from COLOMBAT on Females, by MEIGS. 1845.

Glover's suture. The ends of his threads were twisted together and secured with sealing-wax. DIEFFENBACH very facetiously remarks, this instrument only needs a clockwork attachment to go right.

DEYBERS employed a wooden catheter, introduced through the urethra, to control the edges of the opening, while being subjected to the knife. The stitching he effected by means of a curved tube enclosing an eyed stilet for the thread, and which was controlled by a spring protruding or withdrawing the point at pleasure. The sutures he used were either silk or lead-wire.

Roux fixed the edges with a long pair of forceps while they were being incised; passed across them silver pins, and drew the wound together by winding about them threads similar to our twisted suture.

WUTHER incised the fistula with either curved scissors or a sickle-shaped knife, fixing it first with a hook, and used sometimes long-stemmed needles, sometimes short curved ones passed with a needle-holder like that of Roux's; and at other times insert-pins, surrounded with threads to bind the edges together. His patients during the operation kneeled, or were kept on their hands and knees, and the vagina exposed by introducing a hook speculum—really an instrument similar to the SIMS' speculum. In order to defend the wound against the action of the urine, and keep the bladder empty, the organ was opened above the pubes, a catheter introduced, and the patient kept upon her belly, buckled to a leather

cushion in which a hole was cut out. On the sixth day, his ligatures were removed, injections of cold water having been thrown into the bladder, through the catheter, and the vagina, through an œsophagus tube, every half-hour. In eighteen operations, three cases were reported cured; a success pronounced extraordinary, and greater than that of any other surgeon.

DIEFFENBACH, to expose the fistula, used a bivalve speculum; seized the margins with a hook or long forceps while they were being pared, and united them with the interrupted suture. The position which he preferred having the patient for the operation, was on the back, and the catheter was used continuously to drain the bladder. In his hands, the results were most discouraging. On one woman he operated eighteen times, and then failed to effect a cure. So great was his interest in the subject, that he had gathered wards full of women afflicted with this malady, from all parts of the country, but, as he states himself, making very few cures.

BEAUMONT, after paring the edges, introduced double threads; through the loops on one side was inserted a cylinder of some round substance parallel with the border of the opening, and along the other side a second, over which the free ends of the sutures were tied, forming a quilled suture.

Thus far the fistula under consideration has proved more than a match for the skill of the ablest of the old world, and now we turn to American surgery to have our hopes revived and faith strengthened.

In 1839, Dr. GEORGE HAYWARD, of Boston, reported a case, (see p. 7,) which he had succeeded in curing. His patient was a lady, aged 34 years, in excellent health, and who had been delivered 15 years previous with instruments after, being in labour three days, during which time no urine had been drawn from the bladder. A slough was the consequence, opening a communication between the vagina and bladder. Attempts had been made with the catheter, and also by cauterization to close this fistula, but without success. Dr. HAYWARD operated on the 10th of May. The patient was placed on the edge of the table, upon her back, very much as in the position for lithotomy; the parts well dilated, (he does not state how); a large bougie passed into the bladder, and carried back to the fistula, by which he was able to bring it into view. Thus fixed, an incision was made round the opening with a scalpel, and after the bleeding ceased, the membrane of the vagina was dissected away from the bladder to the extent of three lines. Three silk threads were next intro-

duced by curved needles through its sides, drawn together and knotted firmly down; a short silver catheter, prepared for the purpose, was placed in the bladder, and the patient put to bed. In five days she was examined, the stitches cut away, and the parts found to be solidly united. In 1851, Dr. HAYWARD published an account of eight additional cases, making in all nine cases, three of whom had been cured after twenty operations.

In these cases of Dr. HAYWARD there was nothing new, unless it was the peculiar catheter; it had often been practised before, but in his hands was crowned with a success, calculated to inspire confidence in the curability of the affection.

In 1847, Prof. JOSEPH PANCOAST succeeded in effecting two cures. The posterior or upper lip of the fistula was exposed by a Charriere speculum, and split one half inch deep in a longitudinal direction; with a pair of scissors and bistoury, the lower lip was next pared into a wedge-shaped form, and this tongue of raw tissue, drawn into the groove in the upper border, by what he called his plastic suture. The bladder was kept empty by a gum elastic catheter, and after the second day, injections of zinc were thrown into the vagina to give tone to the parts. On the fourth day a solution of the nitrate of silver was applied over the line of apposition, to favor union by granulation, where that by the first intention failed. In this method, we have a repetition of the plan of BLASIUS.

In the same year, Dr. JOHN P. METTAUER, published in the *American Journal of Medical Sciences* for July, the history of a fistula, which he cured by inserting leaden sutures, after paring its circumference. The bowels were kept closed for eight days, and the stitches allowed to remain thirteen days, during which time a short catheter was worn in the bladder. The metallic thread used by the operator in this instance, was undoubtedly the procuring cause of so fortunate a result. Just at this point commence the most important facts in the history of our subject.

In 1852, Dr. J. MARION SIMS, of Alabama, solved the whole difficulty, and placed this vexed and perplexed operation, on a solid and substantial foundation. The discoveries which he advanced as pecuniary his own, were the following:

1st. A method by which the vagina could be thoroughly explored, its capacity greatly increased, and the fistula made readily accessible.

2d. The introduction of a suture, which would

remain a long time, without inducing either irritation or ulceration.

3d. A mode of keeping the bladder drained of the urine.

The first was accomplished by placing the patient on the knees and elbows, the hips being elevated, and using a speculum, which from its form is called the duck-bill speculum. The second, by substituting the ordinary thread with a metallic (silver) one, aided by leaden clamps; and the thin, by a self-retaining catheter.

There can be little doubt that Dr. SIMS reached this important combination of improvements, quite independent, perhaps, of foreign aid; yet, by reference to the historical enumeration of methods which I have detailed, it will be found almost all have been conceived and executed by predecessors. In illustration of this, let them be examined in detail.

First, the position. This was recommended and practiced both by CHELIUS and WALTER; the later of whom employed a blunt hook for opening the vagina, which executed in a good measure, the office of the duck-bill speculum.

Second, the suture apparatus. In 1834, GOSSET, of London, employed the metallic thread; DEYBER, also; the former gilded wire; the latter lead. BEAUMONT carried his sutures around little cylinders, placed one on the other side of the fistula; thus resembling the clamps.

Third, the self-retaining catheter. Dr. METTAUER employed, in his case, a short instrument which was worn in the bladder during the cure, so that really all these novelties, have, at some time or other, engaged the notice of surgeons, during the long years of experiment and device which have marked the history of vaginal fistula. Still, however, the undivided honor of combining, modifying, and utilizing, all belongs, and only belongs to Dr. SIMS.

[To be continued.]

CASE OF HYSTERIA, WITH PARTIAL CATALEPSY.

By JAMES B. BURNET, M. D.,

Senior Assistant Physician, Bellevue Hospital, N. Y.

MARY MCBRIDE, æt. 30, single, and a domestic, was brought into Bellevue Hospital, on Sunday night, April 29th, with no history as to her complaint, or present condition. When first seen, on Monday morning, she presented the following appearance: She lay perfectly quiet in bed, without the slightest motion; eyes half open and fixed; pupils somewhat dilated, but acted quite well when a strong light was directed upon

them. It was impossible to make her wink, or take the slightest notice of anything or anybody around her. Temperature of body normal; pulse regular, full, and about seventy-five in the minute; very little rigidity of muscles; severe pinching and pricking of the arms caused her fingers slightly to move, but occasioned no expression of pain in the face, which presented a dull listless appearance. Pricking and tickling of the feet caused no reflex movement. Arms remained in whatever position you placed them, for a few minutes, and then slowly sank to her chest again. She put out her tongue, which was slightly coated, and raised up her arms when ordered to do so, but it was utterly impossible to get her to utter a word. She drank water when offered to her. No respiratory movement of the chest could be detected, but the respiratory murmur was heard, healthy though feeble. There was a constant slight twitching or trembling of the hands and muscles around the mouth, and as she lies on one side the saliva constantly dribbles from the corner of her mouth. She tries to draw back the clothes when her limbs are uncovered, and to push away the hand when a vaginal examination is attempted. She has gone to the water-closet several times herself, but walks along as if asleep, in a straight line, and with an unsteady and hesitating gait. Lungs and heart are found to be healthy, and there is nothing abnormal about the abdomen. She answers no questions, but when ordered to get up and walk, she always does so, and acts as though she were in a mesmeric state. Urine was drawn, tested both chemically and microscopically, and found to be healthy,

The *diagnosis* of hysteria with partial catalepsy was made, and the patient was subjected to the cold shower-bath, had her bowels freely moved by saline cathartics, and took a teaspoonful every four hours of the following prescription.

R. Tr. assafoetida.

Ext. valerian: fluid.

Spts. ætheris sulph. comp., āā f. ʒss.

Tr. opii, f. ʒij. M.

May 2d. To day her arms were elevated above her head, she lying still in about the same condition, where she retained them for thirty minutes without any support, when they were taken down. Once or twice she has answered yes or no to the nurse. Dr. MCCREADY, the visiting physician to the ward, ordered the following:

R. Pulv. ipecacuanhæ, gr. xx.

Zinci. sulphatis, gr. x. M.

which was taken, but without the slightest perceptible effect.

May 3d. Looks brighter. Answered a question put to her by the doctor, and says she feels no better. . . .

From this time she began rapidly to improve, and on June 9th, gave the following history of herself: "Was born in Ireland, parents were healthy, and there is no known disease in the family. Menses have always been regular up to three months ago, when they stopped and have not since returned. Up to this time, she was always strong, healthy, and well, but now she has lost her spirits, became very nervous, felt dull, heavy and stupid, her head used to hang down, the saliva dribbled out of her mouth; across and around her mouth, there was a great heat, and her teeth seemed to be moving and shaking. She thought sometimes that her tongue had dropped out of her mouth. Bowels were costive, but urine was normal in color and quantity. She hardly talked at all, and thus affairs went on until April 22d, in the evening, when she found it impossible to speak at all, although she was perfectly conscious and knew everything that was going on around her. She could walk with support, but not alone. She used to eat very little, but to drink a good deal of water while in this state."

During this week, while sick at home, she had no passage from her bowels, but passed her urine regularly. Sensibility was not impaired at this time. While thus, she thought of nothing.

June 25th. Rapidly improving. She has been complaining of slight pains in the larynx, of a sensation of heat in the gums, with a profuse flow of saliva, of a ball rolling up into her throat as if it would choke her, and of pains in the left eye when her mouth is very hot, but these have gradually worn off under tinc. valerian; ferri et quiniæ cit., the cold shower-bath, good diet, and plenty of exercise. On the 27th of June, she was discharged, strong, healthy, with a good appetite, and with all the old evil symptoms vanished.

I should have stated that, with the exception of the stoppage of the menses, she presented no other symptoms of pregnancy, and that she informed us that while lying in this condition in the ward, she understood almost everything that was said to her, but was utterly unable to speak herself, although she made every effort to do so.

— Dr. DYSTER, a warm admirer of the late Dr. BALY, being anxious to perpetuate his name, has placed £400 at the disposition of the College of Physicians, for the purpose of providing for the presentation of a medal occasionally for the best essay on physiological subjects.

BIOGRAPHICAL SKETCHES OF Distinguished Living New York Physicians.

By SAMUEL W. FRANCIS, A. M., M. D.,

(Fellow of the New York Academy of Medicine.)

III.

John H. Griscom.

"Id facere laus est quod decit, non quod lecet."—SENECA

Doctor GRISCOM was born at No. 234 William street, New York, August 14th, 1809, and was the son of JOHN GRISCOM, whose name is so intimately connected with much that is of interest in the city of New York. His mother was Miss ABIGAIL HOSKINS, of Burlington, New Jersey, and died when he was but six years of age. Dr. GRISCOM has had five sisters, all of whom are dead, and two brothers, one older and the other younger, both of whom are now living. He was principally instructed in his father's own school, and subsequently completed his classical education under the supervision of DANIEL H. BARNES, of New York; having attended his uncle's school at Haddington, New Jersey, during his father's visit to Europe, which lasted one year. The New York High-School was established by his father, associated with D. H. BARNES. After securing a prominent position as pupil, young GRISCOM became a teacher in this institution, which was conducted on the monitorial system, and was formally graduated in 1827.

He at once entered the office of Dr. JOHN D. GODMAN, Professor of Anatomy in Rutgers Medical College, at the time his father was an incumbent of the Chair of Chemistry. Remaining with Dr. GODMAN till he retired from his professional capacity, on account of ill-health, he next entered the office of Dr. VALENTINE MOTT, then Professor of Surgery in that College. After he had attended two full courses of lectures, the Rutgers Medical College was virtually cancelled, by a law passed by the Legislature, to the effect that no diploma could be granted unless the Faculty conformed to certain political statutory regulations. This was the popular reason. But that which caused the law to be passed, was the Trustees and Faculty of the College of Physicians and Surgeons, who feared the popularity of their new rival, and could not quietly witness a decrease in their students and income, while the mental power and able experience of the young college bid fair to stand preëminent, and render unnecessary this double knowledge. Young GRISCOM next attended two full courses at the University of Pennsylvania, and was graduated in 1832; at the same time holding the position of Junior and Senior teacher at the New York Hospital, where,

after receiving his diploma, he was appointed Resident Physician for six months. During his eighteen months' experience in this Hospital, under Drs. DAVID HOSACK, THOMAS COCK, STEPHEN BROWN, F. W. JOHNSTON, JOSEPH M. SMITH, and others, he remarked to me, that he felt convinced he had learned more than could have been acquired in twenty years of general practice.

His Thesis, on the "*Apocynum Cannabinum*," a remedy at that time very little known, with a beautiful water-colored drawing, and the record of many cases in which it had relieved dropsy by acting as a diuretic and hydragogue cathartic, was ordered to be printed by the Faculty, and was subsequently quoted as authority in WOOD & BACHE'S Dispensatory.

In 1833, he was appointed Assistant Physician of the New York Dispensary, being selected in preference to some thirteen candidates who had applied several months before he expressed a desire to be elected, and was chosen Physician of the Dispensary in May, 1834. About this time, he was called to fill the chair of Chemistry in Columbia College, Washington, with the promise of a good practice. But though he staid there, assisted by Dr. THOMAS SEWALL, for two weeks, he resolved to remain in New York, and declined the honor.

In April, 1834, we find him delivering a course of popular lectures on Natural Philosophy and chemistry, before two separate classes of males and females, in the Parthenon Museum, Broadway, New York; and which he repeated the following years, in consequence of their favorable reception.

After waiting patiently for sudden cases for the period of three years, the doctor purchased the "good-will" of a physician in the Seventh Ward, who was about to retire, and from that time his circumstances promised remunerative comfort and brought him into immediate contact with a respectable family practice.

In 1835, Dr. GRISCOM married the fifth daughter of REMBRANT PEALE, who is so well known by his brush, and who was the companion and portrait-painter of WASHINGTON. One daughter had married Prof. GODMAN, and another became the wife of CHARLES O. BOKER, M. D. of Lynn, Mass. The Doctor has been blessed with eight children—three sons, two twins, and two daughters.

In 1836, he was elected Professor of Chemistry in the College of Pharmacy, New York, and resigned in 1838.

In 1842, the Common Council of New York appointed him City Inspector, a position which placed him at the head of the Health Department, being elected at the same time Physician to the Eastern Dispensary Department. Dr. GRISCOM was permitted to hold that office but one year, being removed by that wretched principle, still active in this metropolis, of replacing men of science by any one who entertains the same political views as those cherished by the City (step) Fathers.

His report issued on his retirement, was regarded as elaborately suggestive, and full of sound reasoning, and may be read at the present day with much interest, as he was the last medical incumbent allowed by the wire-pullers to hold this all-important post. Would that a JUVENAL were alive to expose the swindling; lay bare to view the neglect of duty, and portray, with his accustomed satire, the shameful records of the last twenty years. Dr. GRISCOM originated that excellent ordinance of not permitting the dead to be removed from the city, without a permit from the City Inspector, as may be seen by reference to the statute book of that day. Compare his rigid enforcement of this law, with the recent exposure of that same office, just before the new Board of Health took charge of the sanitary welfare of Gotham. What can be said strong enough to convey an idea of one, in authority, issuing blank permits, *signed*, so that sextons kept them in their drawers, without any physician's certificate to justify such actions. How many, who came to their death by violence, have been rapidly hurried to a secret grave and the ends of justice have been eluded, a merciful Providence only knows. Even when passed by the Common Council this bill was vetoed by the Mayor, but by Dr. GRISCOM's energy, it became a law over his head, and thereby rendered complete the statistics of mortality. During his experience in this public capacity, he made many propositions for hygienic improvements, and appealed frequently to the corporation, the people, and the governor. On one occasion, he presented to Hon. JAMES HARPER, Mayor, who fully endorsed it, a complete synopsis of the sanitary principles that should govern public bodies; but, in a few weeks, it was returned by the Board of Aldermen, per committee, with the following remarks: "*Your committee do not prefer to be judges of the subject, or in other words, they do not think it proper at this time, to go into such a measure.*" Not baffled by this reception, Dr. GRISCOM delivered it as a public address to an appreciative audience, in the Repository of the "American Institute," and it was immediately

printed,* a large edition was issued with the following title, "The Sanitary condition of the Laboring Population of New York, with suggestions for its improvement." From that time to the present a continued warfare has been in existence between humanitarians and sanitarians, and political speculators; and it is likely that, though matters may mend to a certain extent, the all-powerful dollar will find many advocates, while the prevention of disease and the welfare of the poor will ever want a few friends among a lobby rule. For many years Dr. GRISCOM launched his annual pamphlet, portraying troubles and unfolding the remedy; but though many were convinced, and not a few seconded his views, hired voters, and moneyed influence postponed the cure.

Dr. GRISCOM was appointed President of the Third National Quarantine Convention in 1859, and was also Chairman of the committee on public health and legal medicine, and an energetic member of the New York Sanitary Association. After twenty-three years of untiring zeal, it afforded him great pleasure to see the passage of the Health Law by the Legislature, which placed the Sanitary supervision of the city and its surrounding territory, in the hands of medical men.

Dr. GRISCOM, was appointed Physician to the New York Hospital, by the Governors of said Institution, a vacancy occurring on the death of Dr. JOHN R. BECK, June, 1843, and has continued to hold this position to the present time.

In January, 1848, he was selected by the Commissioners of Emigration of the State of New York, superintendent of the large hospital, subject to their special supervision.† Among the members of the Board, at that time, we find the names of JULIAN C. VERPLANCK, JAMES BOOMAN, JACOB HARVEY, ROB'T B. MORITOUN, DAVID C. COLDEN, ANDREW CARRIGAN, F. B. STRYKER, GREGORY DILLON, LEOPOLD BIENVILLE, and WM. V.

*This meeting took place Dec. 30th, 1844. Immediately after the lecture a proposition was made to have it published, in pamphlet form; and we find among the subscribers such names as JAMES HARPER, HUGH MAXWELL, ANDREW BOARDMAN, Gen JAMES TALLMADGE, WM. B. CROSBY, PETER COOPER, HORATIO ALLEN, Dr. MOWER, U. S. A., JOS. I. MAPES, Judge, WM. T. MCCOY, JORDAN L. MOTT, WM. STOUTWELL, JOSIAH RICH, WAGER HALL, etc.

†"On the 26th of January, the Commissioners appointed JOHN H. GRISCOM, M. D., to the office of General Agent, made vacant by the death of Mr. TAYLOR. Dr. GRISCOM immediately entered upon the duties of his office. He is well known in this community as a physician of acquirements and ability, and his long connection with the hospitals and other institutions of public benevolence, appeared, in the judgment of the Commissioners, to give him peculiar qualifications for many of the duties of their chief executive officer, especially in the inspection and care of the extensive Sanitary establishments under their charge." Extract from the Annual Report of the Commissioners to the State Legislature, for 1848.

BRADY. During the three years Dr. GRISCOM held this office, some 700,000, landed at the port of New York; and, the greater portion coming from Ireland, which was at that time desolated by famine, his time was chiefly passed in visiting those afflicted by typhus fever. Thousands from France and Germany mingling with those from Great Britain, in badly ventilated ships, and under the care of brutal captains, who saw not to the cleanliness of their ships, produced a general average of 70 per ct. sick, who were at once received on Ward's Island, or left at quarantine. There "among the largest hospitals in the civilized world," Dr. GRISCOM had the supervision of 20,000 cases of ship fever in its worst form, and there are on record 7,000 names which came under his immediate personal inspection, besides those at the New York Hospital. By means of a powerful constitution and careful diet, he withstood the insidious poison for three years, but finally yielded to a most formidable attack of typhus fever, which prostrated him for nearly three months, and for about three weeks of that time he was entirely unconscious of outward objects. But by the efficient care of Drs. JOHN A. SWETT, JOSEPH M. SMITH, a devoted family, and overruling Providence, he recovered, and at once visited Europe in the "Arctic," where he was speedily restored to health and strength. The result of his brief tour abroad was published in a South Carolina newspaper, edited by a son of Dr. GOMMAN, and was entitled "The Surgeon's Log." On his return, through the instigation of Hon. HAMILTON FISH, U. S. Senator from New York, the doctor prepared a memorial exposing the hardships of emigrants while on shipboard, and pointing out the necessary measures of prevention and relief. This sowed the seed of many improvements in the law. But there is much still to be corrected. In 1854, he was elected Vice-President of the New York Academy of Medicine, and delivered the annual address. In 1865, he was afflicted with a double carbuncle, of a formidable nature, situated at the nape of the neck, which was twice operated upon by Dr. GORDEN BUCK. During the first operation Dr. GRISCOM caused himself to be placed under the influence of nitrous oxide, and the second time took ether. His experience was that laughing gas, if administered as readily,* is far more agreeable. This was soon followed by a severe nasal and laryngeal catarrh, on account of which he made another trip to Europe, and published the result of his

* This has been accomplished by Prof. VANDERWEYDE, of Girard College, whose apparatus is very excellent.

observations in the Philadelphia MEDICAL AND SURGICAL REPORTER.

On asking him if he would be a doctor again, he replied: "With my present experience, I would; pursuing a somewhat different course from my early days, with much greater assurance of success in both a professional and pecuniary respect."

Dr. GRISCOM invented and patented a method of ventilating houses which met with a very happy success. His height is 6 feet $\frac{1}{2}$ inch. On writing to ask him his exact religious views, I received the following reply, "I was born and educated in the faith of the Society of Friends, whose tenets are regarded by me as most in accordance with Scripture teachings, and as the most liberal in sentiment, and most truly democratic in the practice of all sects."

On one occasion, I asked Dr. GRISCOM, his opinion of smoking. "Sir," said he, "I smoked when a student, but abandoned it before graduation without a moment's hesitation; and never had a desire for it since. I regard the use of tobacco as often injurious, especially to the mental faculties, and doubt its ever being of any use."

For fifteen years he has been a member of the Prison Association, and was for ten years chairman of its executive committee. It has for its object an annual inspection of all the prisons in the State, and much that is connected with sanitary regulations. Not a few of the amended laws of the State, in reference to the physical welfare of prisoners, are due to his zeal.

As a writer he is full, bold, statistical, and at times facetious. He is successful in making his hearers understand that which he has comprehended.

HIS PUBLISHED WORKS ARE AS FOLLOWS:

No. Years.	Subject.	Pages.
1, 1833.	Inaugural Thesis on Apocynum Cannabinum.	19
2, 1836.	Curious Monstrosity, a mother with two nipples to each mamma.	
3, 1839.	Animal Mechanism and Physiology designed for the use of families and schools. Harper & Brothers,	357
4, 1837.	Abstraction of the Uterus after delivery, by Septimus Hunter,	6
5, 1840.	Essay on Spinal Irritation, Medical Journal,	52
6, 1840.	Coroners and their duties.	
7, 1841.	Treatment of Curvature of the Spine, Medical Journal,	11

No. Years.	Subject.	Pages.
8, 1842.	Communication to the City Government, with a draft of an Ordinance for regulating the emptying of sinks, privies and cess-pools,	7
9, 1843.	Annual Report of City Inspector,	58
10, 1843.	Curiosity in Obstetric Physiology; Extra Uterine Fœtation.	
11, 1843.	On Reorganization of Health Police.	
12, 1844.	Sanitary Condition of the Laboring Population of New York, with suggestions for its improvement,	57
13, 1845.	On the Medical Organization of Bellevue Hospital; four interesting articles in New York Evening Post.	
14, 1846.	Letter to WM. A. WALKER, County Superintendent of Common Schools, on the Ventilation of Schoolhouses.	
15, 1849.	Uses and Abuses of Air. J. L. Redfield, 1 vol.,	250
16, 1850.	Message of Mayor WOODHULL to Board of Aldermen, on deodorizing and preventing decay of offal, accompanying a communication from Prof. HARE.	
17, 1850.	On Deficient Palate and its remedy.	
18, 1853.	Hospital Hygiene, illustrated.	
19, 1853.	Public Park and Public Health, Times.	
20, 1854.	Anniversary Discourse before Academy of Medicine,	58
21, 1856.	Letter on New York Hospital and Treatment of Rheumatism, MEDICAL AND SURGICAL REPORTER.	
21, 1857.	Improvement of the Public Health and Establishment of a Sanitary Police,	18
23, 1858.	A History Chronological and Circumstantial of the Visitations of the Yellow Fever in New York,	36
24, 1858.	Report of Committee of Board of Supervisors, and Resolutions on Health Bill.	
25, —.	Report on Solidified Milk before Academy of Medicine.	
26, 1859.	Memorial of JOHN GRISCOM, LL.D., Carter & Brother,	427
27, 1859.	Report of Sanitary Association of New York.	

No. Years.	Pages.	
28, 1859. Review of Pickford's, Simon's and Reid's Works,	14	ever happened to him in his whole life. That the Surgeon cured it by giving him iodide of potassium. The pain continued for several weeks, sometimes very excruciating. Gave him various remedies for neuralgia, including large doses of carbonate of iron; iodide of iron, muriate of ammonia, and iodide of potassium, blisters, etc., with very little apparent effect. He grew emaciated, and his appetite failed. Made a very thorough investigation of all the organs, without eliciting either from the search, or from his history, any apparent cause for the pain. He had enjoyed uniform health, with the one exception; had never received any bodily injury. Nothing but opiates afforded even temporary relief. This continued for over two months, when I was hastily summoned to see him in a fit; which proved to be apoplexy. In about twelve hours he became partially conscious, with paralysis of the lower extremities and of the right arm. He lingered for a day or two and died. On post-mortem examination, we found the lungs congested, with signs of recent inflammation, but otherwise healthy. The inflammation was probably superinduced by the apoplectic attack. The heart was slightly enlarged, but the valves were apparently healthy, and the arteries leading from it slightly incrustated with atheromatous deposit. The rest of the viscera were in a healthy condition.
29, 1859. Report of Committee of Academy of Medicine in favor of the Health Bill.		
30, 1860. First Lessons in Physiology, with Brief Rules of Health for the use of Schools. P. Lockwood,	152	
31, 1860. Report of Committee of the Assembly, on the Bill concerning the Public Health of New York, Kings and Richmond counties,	30	
32, 1861. Report of Sub Committee of Union Defence Committee on Relief of Families of Soldiers,	14	
33, 1861. Sanitary Legislation, Past and Future,	37	
34, 1862. Causes and Prevention of Diseases in the Army,	18	
35, 1863, Case of Diarrhoea Adiposa.		
36, 1863. Report on Ridgewood Disinfecting Powder.		
37, 1863. Review of Report of Commissioners for Improving the Sanitary Condition of Barracks and Hospitals.	20	
38, 1864. Physical and Dietetic Solutions of Phosphorus,		
39, 1864. Reply to a Letter of the Citizen Association on the Sanitary Condition of New York.		
40, 1865. Report of a Visit to the State Inebriate Asylum.		
41, 1865. Review of Report of Course of Hygiene and City Inspection.		
42, 1866. Paris Correspondence Medical and Surgical Reporter.		
43, 1866, Malignant Influences of the Uterus, read before the New York Academy of Medicine.		
44, ——. The Where, the When, the Why and the How, of the First Appearance of Cholera in Cities.		

A CASE OF OBSCURE DISEASE.

By P. J. FARNSWORTH, M. D.,

Of Iowa.

William Mowry, a discharged English soldier, a pensioner, consulted me at my office, for a pain over his left eye. He was a man over fifty, of spare habit, and in apparent health. I diagnosed it neuralgia; and gave him some slight remedies, as the case seemed to be only of a temporary character. He subsequently told me, that some two years before, he had been stationed in India, and that on a march he had been suddenly attacked with a severe pain in the same region, and was under the necessity of going into hospital, where he remained for two or three months, which was the only sickness or accident that had

On opening the head, we found the brain very much congested, and a large clot in the lower part of the left lobe of the cerebrum. There was no apparent softening of the brain, or anything remarkable that we noted, more than we would expect in an apoplectic brain.

In opening the head, we sawed through the frontal bone in the region of the pain. Over the left orbit we found not a tumor, but a thickening of the bone, which exceeded that on the right side by over an eighth of an inch. The inside had a smooth and glossy surface. The thickening was of the interior table and was very solid. It must have produced a pressure on the brain at this place, but, from the disorganized state of that organ, we could detect no diseased state or change, except, of course, a depression.

We were left entirely in the dark as to any cause for the thickening, which must have been going on for a long time. The man was frequently asked, but had no recollection of having received any blow or injury in that region.

Did the pressure on the brain cause the pain? Was it the same cause that had operated ten years before? Or was there some disease of the brain, or of the arteries, that caused the thickening?

ing? We could not discover any hardening or aneurism in that vicinity. I have stated the facts as I noted them at the time, and as I recollect them. I have found no account of any parallel case, and it remains to me an inexplicable one.

Reviews and Book Notices.

Instructions in the Preparation, Administration, and Properties of Nitrous-Oxide, Protoxide of Nitrogen, or Laughing Gas. By GEORGE T. BARKER, D. D. S., Professor of the Principles of Dental Surgery and Therapeutics in the Pennsylvania College of Dental Surgery, etc. etc. Philadelphia: Ruben came and Stockton. 1866. 8vo. pp. 61.

A well-timed and well prepared manual is here presented. It gives, first, two chapters on the preparation of nitrous-oxide; next, one on the history of its introduction as an anæsthetic; one on the mode of administration of it; two on its chemical and physiological properties; one on the conditions in which its use is contra-indicated, and one on cases of alleged death from its inhalation, with concluding remarks.

Dr. BARKER's, MOSELEY's, and VANDERWEYDE's apparatus for preparing nitrous-oxide are described, with full illustrations. Undoubtedly, there must be vast advantage in dispensing with the *bag*, by having the breathing-tube connected directly with a reservoir. It is also very important to have a mouth-piece like that of Dr. GOODWILLE, of New York, modified by the author of this monograph, having valves to allow of the escape of the expired breath separately from the gas breathed. Not only delay, but danger must exist, when, as is said to be the case in the practice of some dentists, the same bag of gas is used over and over again by a number of patients, each contributing a portion of exhaled carbonic acid to its impurity. Dr. BARKER states the curious fact that nitrous-oxide cannot be generated in a metallic retort, without danger of explosion; why it is so, is not explained. It is not at all necessary to prepare it fresh every day. It is quite as good when kept two weeks over water, which had first been allowed to absorb its own bulk of the gas.

For anæsthesia, nitrous oxide must be breathed unmixed with atmospheric air. The "laughing" exhilaration commonly associated with it is due to such admixture, and interruption of the inhalation at an early stage. After the anæsthetic effect has been produced, however, when an operation is protracted, the instrument should be every few moments removed to allow the lungs to be well filled with atmospheric air. Insensi-

bility is usually brought on in from half a minute to two minutes, and does not often continue more than a minute and a half, to two or three minutes after the inhalation is withdrawn. Dr. BARKER has several times kept patients under its influence ten or twelve minutes; once twenty minutes. This was for the extirpation of a scirrhus breast, by Dr. JOS. PANCOAST. No muscular contractions attend the action of this anæsthetic, and, unless immediately after a meal, it does not produce vomiting, which is one of the inconveniences of ether and chloroform. There seems, moreover, to be no depression or prostration following its administration.

How does nitrous oxide produce anæsthesia? RICHARDSON and ANSTIC assert that *arrest of oxidation* in the blood is essential to anæsthetic action. Yet, nitrous oxide contains more oxygen than common air; and the combustion of wood, sulphur, phosphorus or ether, is more vivid in it than in the atmosphere. Some difference exists clearly. Either the chemical union of the oxygen and nitrogen prevents the free action of the latter, which the mere mixture of the gases in the air allows; or, as Dr. BARKER believes, under nitrous oxide, *too rapid* oxidation of the elements of the blood occurs, saturating the circulation with carbonic acid. The blood flows at the commencement of an operation; under it is apt to be dark; and deficient arterialization is shown by the livid color of the lips. Further inquiry is needed still, to elucidate this interesting part of the subject.

Contra-indications to the use of nitrous oxide are considered to be serious disorder of the heart, active congestion or inflammation of the brain, lungs or kidneys, general plethora, and the hemorrhagic diathesis. Its speedy elimination must certainly render it less dangerous than chloroform, and, probably than ether.

Two fatal cases are given. In one, a man, anæsthesia had passed off, but dyspnoea and prostration followed, with death in a short time. Autopsy showed considerable tubercular disease of the lungs, with old pleuritic adhesions. The other was the case of a young lady who inhaled the gas for sport, seeming to be entirely well at the time. She came out of it in the usual manner; went to a party the same evening; was taken sick the next day, and died a few days later; it was said with cerebral and spinal meningeal inflammation. These cases are so different from the sudden deaths from chloroform that we can hardly help thinking the dangers of anæsthesia to be reduced to a minimum in the use of this agent. In the history of surgery, as Dr. BARKER remarks, the names of two American dentists, WELLS and MORTON, will be honorably and perpetually associated with that of DAVY, in connection with this invaluable means of assuaging human suffering.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, AUGUST 4, 1866.

THE EMIGRANT HOSPITAL OF THE STATE OF NEW YORK.

The new Emigrant Hospital on Ward's Island, New York, under the charge of the Commissioners of Emigration of that State, was opened on Wednesday, July 11th. A numerous party of gentlemen, among whom there was a large representation of the medical profession, accompanied the Commissioners and the Board of Health to the island, on a steamer provided for the occasion, in order to "participate in the inspection and opening of the State Emigrant Hospital" and "State Emigrant Refuge."

The *Hospital* is undeniably one of the best-constructed, and in a sanitary point of view, best arranged in the world. It differs from the ordinary style of old-fashioned hospitals, as a series of fine cottage dwellings differs from a large tenement house in a crowded city. Several months ago we gave a sketch of the plan of the hospital. It is built on the pavilion plan; that is to say, the ten wards, of which the hospital is composed, are placed in five distinct, separate buildings, connected only through a common corridor, which, while it adds to the convenience of attendants and nurses, and the accommodation of convalescents, really does not interfere with the practical isolation of the wards. Each ward is intended to accommodate thirty to forty patients; and each bed at this rate is allowed from 1000 to 1200 cubic feet of air. Each ward has its bath-rooms and water-closets, and the construction of these, concerning facility of immediate and complete outflow of all waste and excrementitious material, is complete.

One of the striking features of the hospital is thorough ventilation. A large circular fan, placed in a rear building, and driven by an engine of about eight horse-power, forces fresh air from without through every ward of the hospital, by means of a system of huge cast-iron tubes, which serve at the same time for architectural support and ornament. By a system of registers the currents of air thus introduced can be regulated to a nicety, and when they are placed so as to give full play to the ventilating apparatus, the influx of fresh air is so strong that a perceptible breeze is generated in the ward. Under these circumstances, we never expect to hear of the occurrence of any of the hospital endemics in

this institution. In winter the fresh air forced into the wards is first heated, so that uniformity of temperature is secured, with the most perfect ventilation.

The Commissioners of Emigration, under the presidency of the venerable and honored GULIAN C. VERPLANCK, deserve the thanks of the community for this noble work; and no less the medical and surgical staff of the hospital, with Drs. CARNOCHAN and FORD at the head, to whose influence and advice the excellence of the hospital in its internal arrangements is to a great extent due.

The party present at the opening inspection of the hospital were entertained with a dinner, at which speeches, appropriate to the occasion, were made by a number of gentlemen. Through the courtesy of those in charge, the editorial staff of the *REPORTER* was enabled to be present in force, and we return our thanks for the enjoyment of the occasion.

PROGRESS OF THE CHOLERA.

During the last two weeks cholera, on this continent, has slowly but steadily advanced, and unless the most energetic and thorough sanitary efforts, instituted wherever it shows itself, shall be crowned with success, we may yet be obliged to record an extensive epidemic.

Both in NEW YORK and BROOKLYN a number of cases have occurred, not sufficiently large, it is true, to excite any alarm and fear of a general epidemic, but yet quite sufficient, when taken in connection with other circumstances to awaken anxiety, and to dampen somewhat our confidence in the ultimate efficiency of sanitary police in "stamping out" or arresting the disease, when once its poison, and the conditions favorable to its development, become engrafted upon our communities. For our part, however great our confidence in the "stamping-out" process, we must confess that we have more faith in the policy of not allowing access to the epidemic from the start. The occurrence of cholera in New York and the surrounding islands, during this season, when its full history shall have been written, will show conclusively and to absolute demonstration, that the poison was carried and propagated by the patients, and that its first starting point in every case was intercourse with persons who had come from the cholera infected vessels which arrived in the port.

It is unnecessary, however, now to discuss how far the introduction of the scourge would probably have been stayed, if Congress had listened in time to proper advice and the appeals which were made for a uniform, strict, extended, but liberal

and humane national quarantine. Those who prefer the abstraction of unlimited personal and commercial freedom, to the restrictions of a well-regulated national sanitary police, have carried the day, and upon them and their advice, rests the responsibility of results, which sad as they may be, cannot now be avoided. It is only to be lamented that our profession should already have lost one of her ablest representatives in the army of the United States,—we allude to the late Dr. CALHOUN.

The total number of deaths from Cholera, in NEW YORK, up to July 24th, as recorded at the Bureau of Records and Vital Statistics, is *fifty-five*;—Distributed through the following periods:

	No. of Deaths
During May, ...	1
June 1st to 7th, ...	2
“ 7th “ 14th, ...	2
“ 14th “ 21st, ...	5
“ 21st “ 28th, ...	3
July — “ 5th, ...	4
“ 5th “ 12th, ...	6
“ 12th “ 19th, ...	12
“ 19th “ 24th, ...	20

The Bulletin for July 25th, reports eleven cases, of which — were fatal. Thus it will be seen that the disease has slowly but steadily advanced during the last two or three weeks.

But these cases do not include all that have occurred in New York. They do not include those at *Hart's Island*, where it is stated six death's took place daily on an average, among five hundred men. Nor are they including cases on *Ward's Island*, whence we obtain the following report:

“On the 14th inst., Mrs. McCoy, an emigrant upon one of the ships recently confined at Quarantine, visited *Ward's Island*, and was attacked with cholera at 11½, P. M. of that day. At 8 o'clock, P. M., on the 15th, two children, who had spent a greater part of the previous day with Mrs. McCoy, were stricken down with the disease. On the 16th, Mrs. BURNS, a very healthy woman, and a companion of Mrs. McCoy, was attacked, and died in twelve hours. The woman who washed the clothing belonging to Mrs. BURNS was the next victim, being attacked on the 18th, and dying after an illness of less than twenty-four hours. On the 21st, another woman in the same ward was seized with cholera, and died on the following day. The outbreak then became general in the wash-house building, and has since spread to the other wards and the Lunatic Asylum. During the nine days preceding the 23d instant, thirty-one cases of the disease had occurred, and seven deaths, while on Tuesday, eleven persons were reported in a dying condition.”

Further, we are also informed that the disease

has occurred among the patients at *Bellevue Hospital*,—nineteen cases having occurred up to July 25th, of which number, one-half are said to have proved fatal.

Added to all this, we have the fact stated by Dr. HARRIS in his weekly mortuary Report that 453 cases of death from *diarrhæal diseases* alone occurred during the week ending July 21st.

From *Savannah*, we have a telegram stating that among the soldiers on *Tybee Island*, thirteen deaths occurred on July 25th, and twenty-eight new cases were reported,—while *three deaths* from cholera are reported to have occurred at St. Louis, during the week ending July 21st.

Regarding the disease on the Continent, the disease, according to latest advices, is steadily spreading in Belgium, Holland, and Pomerania. In Holland, of 3923 cases reported, 2337 proved fatal. The latest returns from Stettin, show that from the 2d to the 18th of June, inclusive, there had been 537 cases and 294 deaths.

In this city there have been a few deaths reported from cholera, as follows:—week ending June 30th, 2; week ending July 7, none; week ending July 14, 3; week ending July 21, 10; week ending July 28, 18,—total, 33.

THE CHOLERA AND SANITARY POLICE.

From a recent letter of Dr. HARRIS, to the Board of Health, in New York, we quote the following, with a few passing remarks:

“An abstract of important information accumulated in the course of my duty as Corresponding Secretary of the Board is now nearly completed; but there are a few facts relating to the progress of cholera in Europe; also, some considerations concerning the sanitary preparations in our American towns where it is most expected, that need be laid before you to-day. In Europe, as we are informed by the correspondence of the chief sanitary authorities, cholera has been gradually progressing northward and eastward. It has now reached St. Petersburg, after spreading very slowly through the southern provinces of Russia and in northern German States during the Winter and Spring. In Prussia, also, and in Saxony, the epidemic has lingered with great tenacity, and not the less on account of the massing of military forces. In the city and vicinity of Altenberg, where one wing of the Prussian army rested, previous to the movement into Bohemia, the epidemic has reappeared with the same violence it exhibited on the same ground last autumn and winter. Prof. MAX von PERTENKOFER, who has most carefully investigated the epidemic in all that region of country, has kindly forwarded to us a full account of it by the last mail. The practical deduction from all his researches there may be summed up thus for our instruction:

First. Cholera was clearly proved to have been introduced by travelers who sickened with the

disease, and by visitors returning from the infected towns.

Second. That such is the facility of such transmission of the disease, and such the uncertainty and public inconvenience and evil of any universal prohibitory restraint upon commercial intercourse, that it is futile to depend upon the isolation and quarantine of entire towns and districts, or upon general interruption of intercourse, though the houses, the grounds, and the evacuated fluids of the sick should be continually disinfected.

Third. In a printed Letter of Advice to Physicians, Sanitary Officers, and the People, on "Cholera Prevention," jointly issued by Professors M. V. PETTENKOFER (in the University of Munich), W. GRIES (in the University of Berlin), and C. A. WUNDERLICH (in the University of Leipsig), the people of Europe are urged to rely upon continual and thorough disinfection and cleansing as the best means of protection against cholera. All putrescent or fermenting matter, and very particularly all excrements and whatever has received the choleraic discharges of the sick, must be disinfected by powerful antiseptics. Sulphate of iron in strong solution they designate as the first and most essential; carbolic acid and other coal-tar preparations are next and nearly equal in power; and constant cleanliness and ventilation as the constantly necessary means of protection. They insist upon the vital importance of the complete and constant disinfection of every privy and filthy place in every diarrhoeal district, before and during the cholera epidemic.

Fourth. They urge the importance of early and vigilant medical care of the diarrhoea, as well as the cholera."

The points to which we beg to call the attention of our readers are these:

First. That the eminent gentlemen, whose opinions Dr. HARRIS obviously endorses, and with whom the profession in this country, we believe, generally agree, positively affirm the *portability and communicability of cholera from person to person.*

Second. That the "inconvenience," "uncertainty," and "evils" incident to isolation and quarantine refer to *inland towns* and the *thickly populated countries* of Germany, and that the views which Professors PETTENKOFER, GRIES and WUNDERLICH hold as to the impossibility of isolation and quarantine under the circumstance alluded to, are not applicable to external sanitary police and quarantine in *seaports*, such as New York. If the facilities for landing and proper sanitary care of emigrants and passengers coming from infected countries could be had, all will agree that the disease could be stopped at our shores. Why not insist upon the demand that our national authorities shall secure these facilities? The cholera epidemics among our troops should open their eyes.

A properly regulated *quarantine* in our seaports, need little interfere with the comfort of passengers, or the interests of commerce, and we protest against making use of the views of Drs. PETTENKOFER and others, as an argument against quarantine in seaports like New York, when they were intended to apply to *inland traffic* and *inland intercourse* in thickly populated Germany.

Notes and Comments.

Still they Come.

ANOTHER DEATH FROM CHLOROFORM is reported in the papers. It occurred recently at Jersey City. A boy had a foreign substance in his ear, and for the purpose of extracting it without pain, chloroform was administered, and during its administration the patient died. Among our news items we give the views of Dr. LEFORT, as to means of resuscitation from impending chloroform deaths—artificial respiration and galvanism. Dr. LEFORT's opinion that paralysis of the heart is the cause of chloroform-death, is not new. Prof. DALTON's statements on the subject, as expressed before the New York Academy of Medicine, and published in this journal years ago, show conclusively that chloroform not unfrequently produces sudden paralysis of the cardiac muscle, and that it is impossible to foresee whether this effect will be produced or not in any given case. The only proper safeguard is a *total discarding* of the article in ordinary surgical practice.

Carbolic Acid.

A distinguished authority, in Brooklyn, N. Y., in a business note says—"Carbolic acid has recently attracted much attention in Europe on account of its efficacy in arresting the cattle plague. Its efficacy seems to depend on its ozonifying properties, which it is said to possess in an extraordinary degree, and as ozone is, admittedly one of the most certain of all disinfectants; the method of thoroughly applying it in its most intensified form, by means of superheated steam is deemed to be worthy of attention.

Bakus—A New Expectorant.

A native East Indian physician has recently described a new drug, which promises to be of some value in the treatment of bronchial affections. The plant from which it is obtained is called by the Hindoos, "bakus," and is a common hedge-shrub in Bengal and the upper pro-

vinces. The writer prepares an extract of the leaves, and administers it with great advantage in all cases of catarrh. When taken internally it gives rise to a sensation of warmth in the stomach, and in some cases increases the appetite, promotes expectoration when this is scanty, and diminishes it when excessive. It is considered to be an expectorant and anti-spasmodic medicine, and to have a specific action on the surface of the windpipe.

Injustice.

In a catalogue of medical works recently received from a prominent publishing firm in this city, we notice that commendatory quotations are made from medical journals which ceased to exist more than fifteen years ago. We would suggest the impropriety or injustice of continuing to publish these stale notices, which, however appropriate *at the time they were written*, may be very inapplicable in the present state of medical science. For instance, it is doing a reviewer injustice who fifteen or twenty years ago said of a work on chemistry that it was the "best text-book for students in attendance upon chemical lectures" that he had yet examined, to continue to use his commendation to push the sale of a work which has really fallen behind the age by the progress of chemical science.

Correspondence.

DOMESTIC.

Ascaris Lumbricoides.

EDITOR MEDICAL AND SURGICAL REPORTER:

The following may be of some interest to show what a few worms can do.

June last, I was consulted by James Bradley in regard to screaming and most alarming attacks to which his son of ten years was subject. Every night for three weeks the boy would start from bed in the greatest alarm and cry for help. He would run through the whole house, hiding and covering himself up wherever he could. His eyes would stare and flush; limbs tremble; respiration was hurried and loud, and the family was in the greatest fear that he would die. Neither threats of punishment nor words of kindness would pacify him. After the second week, he took the same paroxysms not only during night, but also during day-time. These fits would last about one hour. He could always tell a short time beforehand that a fit was coming on.

A careful examination revealed no fixed dis-

ease, but a surmise of worms. I therefore prescribed five grains of santonin every four hours until twenty grains were taken—followed by a cathartic dose of castor oil.

The stools contained three ascaris lumbricoides. The boy has had no more spasms of the kind, but is entirely well. The query is that so few worms should cause such great constitutional disturbance. Some might have been in the stomach, and digested after the vermifuge was given, yet the stools were not indicative of this. Two years ago, I had a case similar, but the boy passed thirty-five lumbricoides in so many hours from taking but six grains of santonin. Santonin is, without dispute, as sure, safe, and easily administered a vermifuge as we possess.*

J. R. HOLLOWAY, M. D.

Nittany Hall, Pa., 7th mo., 20th, 1866.

Dead Fœtus Carried Two Months.

EDITOR OF MEDICAL AND SURGICAL REPORTER:

In REPORTER of May 5th, 1866, I notice an article under the caption of "A dead fœtus carried two months." The following case has just occurred in my practice. On May 14, 1866, I was called to see Mrs. B., in her fourth confinement. She stated that she did not expect to be confined for two months, but that the waters had broke suddenly, and pain after pain followed. She had not menstruated for seven months. Quickened as usual about the fourth month, and during the last two months she had an unnatural, disagreeable feeling low down in the abdomen, with frequent slight pains in her hips and back. On examination I found the os dilated and a very small, flimsy foot presenting. I immediately changed its position, administered a full dose of ergot, and in thirty minutes she was delivered of a five month's fœtus, in a state of decomposition. The placenta adhered firmly to the uterus, and was with some difficulty removed. The placenta presented no unnatural appearance, though the cord and fœtus were considerably decomposed. In this case no strychnus was taken, no medicine whatever, no bodily injury received. The woman is doing well. J. C. DREHER, M. D.

Akron, Ohio, May 27, 1866.

Ergot and Chloroform.

EDITOR MEDICAL AND SURGICAL REPORTER:

Having often thought that tedious labors might be safely hastened to a termination with ergot and chloroform, I was tempted to try it in a number of cases, and with the most satisfactory

* We have had the same favorable experience in the use of santonin.—EDITOR MED. & SURG. REPORTER.

results. In some fifteen or twenty cases, I administered ergot as soon as the os uteri became dilatable. In some cases the os uteri was dilated and the soft parts yielded, and the birth of the child was apparently facilitated. But in the majority of cases, the pains were increased in frequency and force, but without the dilatation of the os uteri, etc. In these cases I put my patients completely under the influence of chloric ether.

In some instances the pains were partially arrested, but in all of them the os and soft parts became dilated, and the labors terminated favorably both to mother and child. In all of these cases there was an apparent saving of time and suffering. In two instances the labors terminated with but three or four pains after chloroform was administered. I have made use of chloroform in all of my cases, to promote dilatation of the os uteri where that was indicated, for a number of years, and with much better success than with the lancet and nauseants that I formerly made use of for the same end.

E. A. OPFELT, M. D.

Trenton, Tuscarawas co., Ohio.

News and Miscellany.

Joseph Toynbee, F. R. S.

Mr. TOYNBEE, long known and distinguished as an aural surgeon of extensive practice, died suddenly on the 8th of July. The following facts elicited at the inquest, show that his life was sacrificed in the interests of science. The account of his death is so full of interest that we devote considerable space to it.

"At the inquest, Mr. TOYNBEE's man-servant, GEORGE POWER, said that he was last in conversation with his master at ten minutes to four on Saturday afternoon, owing to a patient wishing to see him. He was lying on the couch. He usually took a sleep after luncheon. When witness knocked at the door, he was answered, 'Come in;' and, on entering, his master had apparently awakened from a sleep. There were papers on the chairs, and deceased's watch on the table. Before the patient was admitted, deceased removed the papers, and seated himself in his consulting-chair. The interview did not occupy more than a couple of minutes; and, on the exit of the patient, he said he was coming again on Monday. Another patient called; and, on witness re-entering the room, he found his master again lying on the couch, with a piece of cotton-wool over his nose and mouth. He thought deceased was asleep, as he did not answer; and he thereupon removed the cotton-wool; but, from the appearance presented, he became frightened, and thought something was wrong. He then ran

for medical assistance. The witness was not aware that the deceased made experiments on himself. On the previous Thursday, he (Mr. TOYNBEE) did something which caused him to vomit a good deal; but the witness could not say whether it was connected with chloroform.

"Dr. MARKHAM said that he was called to Mr. TOYNBEE, and found him on the sofa perfectly dead. There was some cotton-wool on the table close by, and a smell of chloroform in the room. The cotton-wool smelt strongly of chloroform. Dr. LEARED happened to come in at the time, and they both tried artificial respiration for half an hour, without the least hope of restoring life. There was not the slightest sign. Dr. MARKHAM produced papers which he found on chairs in the room, relating evidently to experiments which were in progress of being performed on himself, by Mr. TOYNBEE. The papers were as follows: 'The effect of the vapor of chloroform (when injected into the tympanic cavity) upon *tinnitus aurium*. 1. *The effect upon a healthy ear. Experiments.* Vapor (breathed from a towel) which produces a pungency in the larynx, when blown into the tympanum causes a feeling of warmth. 2. *Experiments continued.* Vapor (breathed from a sponge or cotton-wool) kept applied to the tympanum for ten minutes. Continued sensation of warmth.' These were the notes on one slip of paper; on another were merely the words, '*Experiments: The effect of chloroform combined with hydrocyanic acid.*' This paper was not filled up, a result apparently not having been obtained. Close to the hand of the deceased, on the chair, were two bottles, which had been obtained at Bell's that afternoon. One contained rectified ether, which had not been opened. The second was a little more than half full of hydrocyanic acid. Dr. MARKHAM did not detect any smell of hydrocyanic acid, for that acid would evaporate very quickly. There was also a machine made of India-rubber lying on the chair, used for injecting ether or other vapors; and afterward was found underneath the sofa, just as his hand—that of a dead man—would fall, a six-ounce bottle, completely empty, which had contained chloroform, but was dry, and free from smell. The stopper was not in. From his experience, he should say the appearances were quite consistent with death from the effects of chloroform; but it was not possible to say whether there was a combination of hydrocyanic acid with the chloroform, owing to the advanced state of decomposition of the body, both being so volatile that they speedily evaporated in an ordinary temperature. In answer to further inquiries, he said he had made a *post-mortem* examination, but not an analysis, as he did not consider it necessary. In fact, there were no contents in the stomach to analyse, and not the remotest smell of the acid, which must have been present had it been taken in quantity into the system. He believed that the death was due to the chloroform; but what effect the prussic acid would produce in combination with chloroform in vapor he could not tell. In an experiment on the effect of mixing chloroform and hydrocyanic acid, he (Dr. MARKHAM) had found that the smell of chloroform entirely overshadowed that of the

hydrocyanic acid; but the latter could be tasted, though not smelt. The witness also produced a letter written by deceased on the 6th inst., in which was expressed an opinion that, by CLOVER's apparatus for inhaling, the vapor of hydrocyanic acid could be safely applied to the tympanum. The vapor was inhaled to the back of the throat, and, by holding the mouth and nostrils, was forced into the cavities of the ears, thus removing the singing and other nervous sensibility. In answer to a question from the Coroner, Dr. MARKHAM said that the deceased must have been so deeply absorbed in studying the effect of the vapor on the ear, that he forgot that he had lungs or heart.

"JOHN BARNARD, managing superintendent to JOHN BELL & Co., chemists, of Oxford street, said that deceased had ordered six ounces of chloroform, also of ether, and one ounce of hydrocyanic acid. He (witness) went to deceased on Saturday morning, at eleven o'clock, to describe Clover's instrument. Mr. TOYNBEE said it would not suit him, for it was too complicated. Deceased said he wished to try the effect of mixed vapors for curing nervous affection of the ears. Deceased asked the strength of the hydrocyanic acid which had been sent, when witness replied 'The dilute form.' Deceased said, 'That will not suit me; it is not strong enough. Give me immediately some of SCHEEL'S strength.' Witness accordingly supplied some acid of SCHEEL'S strength. Deceased was not in the habit of having hydrocyanic acid, but frequently was supplied with chloroform.

"Mr. VALPY, Captain TOWNBEE (brother of the deceased), Mr. Gowan, and other gentlemen, testified to the high intellectual and moral character of the deceased; and that, being in a prosperous condition, surrounded by a loving family, he had given himself up to scientific pursuits, experimenting upon himself, and leaving nothing undone for the promotion and welfare of his fellow-creatures and the advancement of social science.

"Mr. VALPY stated that he had looked into Mr. TOYNBEE'S pecuniary affairs since his death, and had been surprised to find the amount of safe investments which (for a professional man) he had made. There was a large balance at his bankers; and insurance policies on his life to the amount of £12,000.

"The jury returned a verdict—"That the deceased met with his death accidentally, while prosecuting his experiments, by inhaling a combination of chloroform and prussic acid; and the jury desire to express their deep sympathy with the family of the unfortunate deceased gentleman."

Mr. TOYNBEE "was born at Heckington in Lincolnshire; and was fifty-one years of age at the time of his death. His early education was conducted at home by a private tutor; but afterward he went to school at King's Lynn. At the age of seventeen, he was apprenticed to Mr. WADE, at the Soho Dispensary; and afterward became a pupil at St. George's Hospital, where he early distinguished himself by his proficiency in anatomy. Having become a member (in 1838) of the Royal College of Surgeons of England, he

was appointed one of the staff of the Hunterian Museum, under the superintendence of Professor OWEN.

"On commencing practice, he resided at first at 12 Argyll Place; but subsequently removed to the house in Savile Row, which, at the time of his death, he had many years occupied. He had also a residence at Wimbledon. In 1843, he was elected Surgeon to the St. George's and St. James's Dispensary, and held the appointment till about the year 1852. While there, he exerted himself in the formation of a Samaritan Fund, which still exists, in connection with the Dispensary.

"For more than twenty years before his death, Mr. TOYNBEE had applied himself specially to the study and treatment of diseases of the ear, and had long won for himself an extensive reputation in this branch of practice, his patients sometimes amounting to more than one hundred in the course of a day. The visitations which he made of his patients at their own houses were frequent; and he was always very careful in insisting on their being well supplied with medicines.

"In 1851, when the staff of St. Mary's Hospital was organized, he was appointed Aural Surgeon, and retained the appointment till two or three years ago, when he resigned. He was also Aural Surgeon to the Asylum for Idiots, and Consulting Aural Surgeon to the Asylum for the Deaf and Dumb. His contributions to the literature of the pathology and surgery of the ear were numerous. He was the author of a work on the *Diseases of the Ear, and their Nature, Pathology, and Treatment*; of a *Descriptive Catalogue* of the preparations, nearly two thousand in number, illustrative of Diseases of the Ear, contained in his museum; and of various lectures and essays on the pathology and treatment of diseases of the ear, in the *Medico-Chirurgical Transactions*, the *Lancet*, the *Medical Times and Gazette*, the *Edinburgh Medical Journal*, etc.

"Mr. TOYNBEE at an early period gained himself a reputation as a scientific observer. In 1841 was published in the *Philosophical Transactions* a paper by him on the non-vascularity of cartilage. His researches on the subject, of which he greatly increased our knowledge, gained for him the fellowship of the Royal Society." * * * —*British Medical Journal*.

Chimogene—A New Anæsthetic.

Prof. VANDERWEYDE, in the *Dental Cosmos*, says: "In experimenting with the highly volatile and gaseous products of distillation, I succeeded in producing a liquid, boiling at any desired degree of temperature, say at 60 deg., 50 deg., 40 deg., or even at 30 deg. Fah., causing, by its evaporation, the most intense cold. I propose, therefore, to call it *chimogene* (cold generator.)

"The desired degree of its boiling-point depends only on a slight modification in its preparation; in fact, it may be made so volatile that it requires very strong bottles and careful stoppering to hold it, as by lifting the stopper it foams like champagne, boiling at the common temperature; pouring it from the bottle in drops or in a

small stream, it will be evaporated before reaching the floor.

"Having just read, on page 601, of the last number of the *Dental Cosmos*, the remarks about the want of such a liquid for anæsthetic purposes, it struck me that this was the very thing needed, and I hasten, therefore, to bring this discovery to the knowledge of the profession."

Steam as a Disinfectant.

Some further experiments have been made in New York, on the practicability of applying superheated steam for the purpose of disinfection. The steam generated by Metropolitan Fire Engine No. 1, was passed through a coil of three-quarter inch pipe 900 feet long, into which one ounce of carbolic acid had previously been poured. While passing through this coil the steam was heated and afterwards discharged into a close room having an area of about 4,250 cubic feet. Near the point where the steam entered the room a tube carried the heat to a thermometer in an adjoining room, while another thermometer was placed in a similar position at a point about 15 feet distant from the first. Self-registering thermometers, accompanied by some eggs and oysters, were wrapped in blankets—one wet, the other dry—and placed in the room, the dry blanket upon a chair immediately under the pipe from which the superheated steam was discharged, and the wet blanket on the opposite side of the room. Eggs and oysters were placed indiscriminately and loosely about the room; some newspapers were suspended upon a line with some clothing, the doors were closed and the experiment began. At 2.30 P. M., the valves were opened and the steam was permitted to enter the room. The following table shows the temperature as recorded every five minutes by the thermometers—the right hand column showing the degree of heat at the point furthest from that at which the steam entered the room. The second column, counting from the left, shows the pressure as marked by the steam-gauge, which, at the moment the experiment began, registered 150 pounds of steam:

Time.	Steam		Therm.
	Pressure.	Therm.	
2:35	105	120°	114°
2:40	90	133°	128°
2:45	100	135°	132°
2:50	105	140°	137°
2:55	110	160°	153°
3:00	100	174°	166°
3:05	80	180°	173°
3:10	75	182°	173°
3:15	80	185°	177°
3:20	95	182°	174°
3:25	80	192°	184°
3:30	65	200°	190°

At 3½ o'clock the steam was shut off, the experiment having continued just one hour. The doors were opened and the articles examined. The eggs and oysters were cooked too much, with the exception of those in the wet blanket—a somewhat singular circumstance which we will not attempt to explain. The self-registering thermometer in the wet blanket marked 165°, that in the dry blanket 190°. The varnish on the doors was blistered, but the paint seemed to be unharmed and the clothing uninjured. The experiments

were conducted by Dr. BELL, and witnessed by several of the members of the Board of Health.

Peroxide of Hydrogen.

Prof. SCHONBEIN has discovered a new and very ready method of procuring the peroxide of hydrogen. It consists simply in agitating, in a large flask to which air has access, amalgamated zinc, in powder, with distilled water. Oxygen is then absorbed by both the zinc and the water, with formation of oxide of zinc and peroxide of hydrogen. The peroxide of hydrogen obtained by this method, unlike that obtained by the ordinary process, is quite free from acid, and so may be kept for a long time without decomposition. It does not contain, moreover, a trace of either zinc or mercury, but is absolutely pure. This new process has, therefore, great advantages over the old process of preparing peroxide of hydrogen, both as being far simpler and more expeditious, and as yielding a much purer product; but it is almost as far as the old process from yielding peroxide of hydrogen cheaply enough for use in the arts.—*Mechanics' Magazine*.

Practical Homœopathy.

M. REYMOND, in a recent lecture on HEINE, the German wit and satirist, tells a good anecdote. HEINE and his wife, travelling in the south of France, met ERNST, the violinist, who begged of him to take charge of one of the celebrated Lyons sausages for one of his friends, a homœopathic physician. In those days railways were not, and the roads were tedious. Madame HEINE became very hungry, and could not resist a little piece of the sausage, which she found excellent. Presently, HEINE joined her, and was quite of her opinion; and, in fact, the sausage was a great treat, and, on their arrival at Paris, had so diminished in size that HEINE dared not forward the mere stump that was left, to its destination. But he thought better of it, and cutting with a razor a slice as thin as paper, he placed it in an envelope, together with the following note: "Dear Doctor—As a result of your investigations the fact has been acquired by science that millionths of parts produce the greatest effects. Accept, then, the accompanying millionth part of a Lyons sausage which ERNST charged me to remit to you. If homœopathy is indeed a truth, this little portion will produce on you the same effect as the entire sausage. Yours, HENRI HEINE."

—*Medical Times*.

An Important Discovery.

The *Pall Mall Gazette* has the following announcement: "A discovery, of at least as vital importance for Egyptology as the celebrated Rosetta stone itself, was made about three weeks ago by a party of four German explorers—REINISCH, RÖSLER, LEPSIUS and WEIDENBACH—at a place called Sane, the whilom Tanis, the principal scene of RAMASES II's enormous architectural undertakings. A stone with Greek characters upon it was found protruding from the ground, and when fully excavated proved to contain a bilingual inscription in no less than thirty-seven lines of hieroglyphics and seventy-six lines of

Greek, in the most perfect state of preservation, and dating from the time of the third PROLEMY, Euergetes I., in 238 B. C. The stone measures two metres twenty two centimetres in length, and seventy-eight centimetres in width, and is completely covered by the inscriptions. Their first attempts at editing this important inscription having failed, the travellers returned to the spot, and during a stay of two days, the 22d and 23d of April, copied the inscription most carefully, and photographed it three times. The next post will bring particulars as to the contents, and copies of the document itself."

Ovariectomy.

Dr. J. F. MINER reports in the *Buffalo Med. and Surg. Journal*, a case of ovariectomy, the tumor being multilocular, weighing 20 pounds. The patient was 25 years of age, married two years. Had never been pregnant. The pedicle was found not large, and a double ligature passed and secured on either side; the division was now made with the éraseur. After removal of the tumor, the vessels of the pedicle, seven or eight in number, were *ligated separately*, the double ligature being first untied upon one side, and then the other, thus maintaining control of the pedicle, while all its bleeding vessels were carefully ligated, the larger ones with silver wire, and some smaller ones with silk ligatures, all being cut closely, and the double ligature removed. After hæmorrhage had ceased entirely, the pedicle was allowed to return, and there having been no escape of blood or contents of the cysts into the abdominal cavity, no sponging was necessary, and the incision was closed.

During the first ten days after the operation, the patient suffered considerably from fever, vomiting, rapidity of pulse, some delirium, restlessness, and discharge of purulent accumulations. After these latter had commenced to escape, the symptoms gradually abated, and, twenty-four days after the operation, the patient was able to attend to some of her household duties. Examination, at the end of the seventh week, shows still a barely perceptible discharge from the wound; the patient healthy and active, walking a mile or more without fatigue, and having gained greatly in flesh and strength.

Pension Examining Surgeons.

Inda—Dr. J. F. FAIRBANKS, Sabala.

West Virginia—Dr. J. T. WHARTON, Parkersburg.

— Dr. JOHN YOUNG, F. R. S. E., F. G. S., has been appointed to fill the chair of Natural History in the University of Glasgow, vacant by the death of Prof. ROGERS.

— The cattle plague is very rapidly decreasing in Great Britain.

— A colored woman, named SARAH MILLER, died at 42 Wooster street, New York, July 27th, who weighed 798 lbs. It required the labor of six men to lower the body from the third floor to the hall-way, where she was coffined. Deceased was five feet eight inches high, and measured five feet across her chest.

— ITALIAN MILITARY SURGEONS.—The army being on a war footing, and requiring additional medical officers, hundreds have offered their services, which have been accepted. As to the volunteers, so many surgeons applied that the Director-General, Dr. BERTAIN, not having room for all, has incorporated the surplus into a special company, which is to accompany the volunteers as a kind of medical reserve. A good plan.

— ITCH.—The Prussian military authorities, it is stated, find that the most effectual way of curing itch, is to smear the part with a mixture of two parts of liquid storax, with one part of sweet oil; the cure is complete in twenty-four hours.

— A verdict of manslaughter has been brought against a Leicester bone-setter. He employed the force of from twelve to sixteen men to reduce a dislocated elbow; the pectoralis major, the axillary artery, and brachial plexus of nerves were torn through. Death occurred from syncope.

— MODE OF RESUSCITATING PATIENTS DYING FROM CHLOROFORM INHALATIONS.—M. LEFORT stated at a late meeting of the Surgical Society of Paris, that he believes death to occur in these cases from syncope, *i. e.*, want of cardiac contractions. He considers artificial respiration useful, because it forces blood from the lungs into the heart. A more efficacious measure, according to M. LEFORT, is galvanism, with one pole placed along the spine, and another on the epigastrium.

Army and Navy News.

NAVY.

List of changes, etc., in the Medical Corps of the U. S. Navy, for the week ending July 28th, 1866.

Past Ass't-Surgeon A. S. Oberly, appointed Surgeon, from July 13th, 1866.

Past Ass't-Surgeon C. H. Giberson, granted one month leave of absence.

Ass't-Surgeon J. McD. Rice, relieved from duty on the Iron clads at League Island, and placed on sick-leave.

Ass't-Surgeon Wm. J. Simon, detailed for duty on the Iron clads at League Island.

Ass't-Surgeon Wm. H. Jones, detached from the U. S. Ship Anderson, and placed on waiting orders.

MARRIED.

CHALMERS—BOYD.—In New York, July 25, 1866, by the Rev. William Adams, D.D., Thomas C. Chalmers, M. D., and Virginia H. Boyd.

GARDNER—PATTON.—In this city, July 25th, at the residence of the bride's father, by the Rev. F. R. Harbaugh, Thad. S. Gardner, M. D., of Hollidaysburg, Pa., and Miss Anna, daughter of Price J. Patton, Esq.

MARSHALL—GARMEN.—In New Buffalo, Pa., June 26th, by Rev. John W. Cleaver, R. C. Marshall, M. D., and Miss Sue R. Garmen, both of that place.

POTTER—WEAVER.—In Cincinnati, July 18th, at Saint John's Church, by the Rev. James E. Homans, Mr. Charles B. Potter, of Rochester, N. Y., and Miss S. Jennie Weaver, daughter of the late Dr. Noel Weaver, of Auburn, N. Y.

SHARPE—LANDSDOWN.—On Thursday, July 19th, at Greenville, Darke county, Ohio, by Rev. A. L. McKinney, Dr. A. L. Sharpe and Miss Frances J. Lansdown, all of Greenville.

DIED.

ANDREWS.—After a short illness, July 22d, Dr. Thomas D. Andrews, of Brooklyn, aged 42 years.

GROVER.—In Bethel, Me., July 19th. Dr. John Grover, in the 84th year of his age. Dr. Grover was a member of the Convention which framed the Constitution of the State of Maine, and was a Representative to its first Legislature, and a member of the Senate in 1829. Dr. Grover was a close student during his whole life, and accumulated a vast amount of learning, much of which has died with him. His practice was very extensive, and his services highly appreciated by his patients.

HARCOURT.—At Tompkinsville, Staten Island, July 26th, H. Dewitt Harcourt, M. D., in the 52d year of his age.

MEACHEM.—At Racine, Wis., July 20th, Myraite D. Meachem, aged 15 years and 6 months, eldest daughter of Dr. John G. Meachem, and niece of Senator J. R. Doolittle.

NEUHAUS.—In Brooklyn, July 26th, of Cholera, Dr. Charles F. Newhaus, aged 43 years. Dr. N. went to see a patient at 2½ o'clock, and returning home was taken with vomiting. He went to bed and in half an hour cramps set in followed by collapse, which continued until 11½ P. M., when he died.

SMITH.—In this city, July 24th, after a prolonged and painful illness, Rachel C., widow of the late Moses B. Smith, M. D., in the 72d year of her age.

WOOD.—In New York, July 26th, Robert, son of Dr. Stephen Wood, aged 23 years.

WRIGHT.—At Madison, Wis., July 20th, Nellie T., wife of Dr. A. S. Wright, of Omaha, Neb.

METEOROLOGY.

July,	16,	17,	18,	19,	20,	21,	22.
Wind.....	S. W.	S.	S. W.	E.	N. E.	N. E.	N. W.
Weather.....	Clear.	Clear.	Clear.	Cl'dy.	Cl'dy.	Rain.	Clear.
Depth Rain.....						3-10	
Thermometer.							
Minimum.....	71°	73°	75°	72°	65°	66°	61°
At 8 A. M.....	86	88	87	76	73	68	70
At 12 M.....	94	94	90	80	79	71	78
At 3 P. M.....	95	95	93	82	78	72	80
Mean.....	86.50	87.50	86.25	77.50	73.75	69.25	72.25
Barometer.							
At 12 M.....	30.2	30.1	30.	30.1	30.2	30.1	30.

Germantown, Pa.

B. J. LEEDOM.

AMERICAN MEDICAL ASSOCIATION.

The Committee on PRIZE ESSAYS request that all communications to be submitted to them, be sent to their Chairman, before the 15th day of March, next, accompanied by a sealed envelope containing the name and address of the author.

The Association offers two prizes of one hundred dollars each for the best two essays on any subject connected with the Medical Sciences.

F. DONALDSON, Chairman.
W. CHEW VAN BIBBER.
JOSIAH SIMPSON.
EDWARD WARNER.
C. C. COX.

Baltimore, June 25, 1866.

N. B.—Medical Journals will please insert the above. 490—3t.

SUMMER SCHOOL OF MEDICINE.

No. 920 Chestnut Street, Philadelphia.

ROBERT BOLLING, M. D., JAS. H. HUTCHINSON, M. D., H. LENOX HODGE, M. D.

EDWARD A. SMITH, M. D., D. MURRAY CHESTON, M. D.,

HORACE WILLIAMS, M. D.

The Summer School of Medicine will begin its second term on March 1st, 1866, and students may enjoy its privileges without cessation until October.

The regular Course of *Examinations and Lectures* will be given during April, May, June, and September, upon

ANATOMY,

SURGERY,

CHEMISTRY,

PHYSIOLOGY,

OBSTETRICS,

MATERIA MEDICA,

PRACTICE OF MEDICINE.

The subjects will be studied by the aid of Specimens, Manikins, Demonstrations, and Clinical Examinations of Patients.

Students will be given access to the Pennsylvania, Episcopal, and Children's Hospitals. The employment of the Microscope, and the microscopic appearance of the tissues and fluids in health and disease, with the chemical tests and reactions, will also be taught.

FEE, \$50.

SURGERY.

A Course of Lectures on *SURGICAL DIAGNOSIS* will be delivered by Dr. H. LENOX HODGE, during April, May, June, and September, at the Summer School of Medicine, No. 920 Chestnut Street, Philadelphia.

The history, causes, symptoms, and pathology of Surgical Diseases and Injuries will be carefully studied, and the means of recognizing and treating such disorders distinctly taught.

Instruction will be given in the use of the Microscope, Ophthalmoscope, Otoscope, Laryngoscope, Endoscope, and other specula; in Percussion and Auscultation, and other means now employed for physical examination.

FEE, \$10.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, and in Practical Obstetrics. They will be enabled to examine persons with diseases of the Heart and Lungs, and to attend women in confinement. The class rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text books, etc., will be constantly open for study.

The Winter Course of Examinations will begin with the Lectures at the University of Pennsylvania in October, and will continue till the close of the session.

Fee for Office Students (one year), \$100.

Fee for one Course of Examinations, \$30.

Class Rooms, No. 920 Chestnut St., Philadelphia.

Apply to

H. LENOX HODGE, M. D.,

479—530

N. W. corner Ninth and Walnut Streets.

THE MEDICAL AND SURGICAL REPORTER.

No. 493.]

PHILADELPHIA, AUGUST 11, 1866.

[Vol. XV.—No. 6.]

ORIGINAL DEPARTMENT.

Communications.

ON THE INTERNAL USE OF CHLOROFORM IN THE TREATMENT OF DELIRIUM TREMENS.

By E. McCLELLAN, M. D.,

Assistant Surgeon, U. S. Army.

In the treatment of delirium tremens, be it presented either in that stage of excitement of the nervous system, dependant upon the excessive stimulation of a late debauch; or in that of cerebral debility, the result of a total absence of the long accustomed stimulant; the same results must be obtained in order to afford that relief which the condition of the patient demands; and in neither case is the condition of the nervous system produced by excessive stimulation alone to be considered.

By the constant presence of alcohol, the stomach has lost its tone, and among those in whom this disease occurs but little food is taken at any time, while during a debauch it is almost entirely abstained from.

Inanition is therefore a serious complication.

During a debauch the drunkard for the time becomes a pedestrian, and, in his sleepless walk, traverses distances, which, at other times, are far beyond his powers. He exposes himself to all extremes of temperature, this, with his total neglect of all hygienic laws, swell the account of his folly, until finally, by the nervous excitement operating upon his prostrate system, the vital force of the patient is reduced to that point, from which, unaided, he can rarely recuperate.

It is conceded by all, that the first indication in the treatment of this disease is to subdue the undue excitement which prevails, and that this must be accomplished, and sleep procured, before further action is practicable. Therefore, a remedy which will most readily procure this result is the one to be exhibited.

Rarely has there been a requirement of disease to meet which such a variety of remedies have been proposed; they range from the sedative effect of solitary confinement to free stimulation;

from active antiphlogistic treatment to that of powerful narcotics; and among others of this class is found *chloroform*, exhibited by inhalation or administered internally.

Frequently has this remedy been recommended for internal use in this disease and others of the same family; its claims have been presented with great earnestness by some observers, it has met with many strong advocates; but the mass of the profession look upon it with distrust, forgetting that they daily, and with impunity, use products far more deadly in their character.

It has been clearly demonstrated that chloroform administered internally acts as a "*diffusible narcotic which is as free from danger as any other drug; that in its somniferous properties it is more prompt than opium, and that its effect is of shorter duration, producing less cerebral oppression.*"

Among the cases recorded of its internal use, the following have been selected, and are referred to, as corroborating this opinion.

I. In the *Dublin Medical Press* for 1852, Mr. BUTCHER reports in full his treatment of a case of delirium tremens, in which, all other remedies failing, it was employed with perfect success.

II. In the *Dublin Quarterly Journal* for May, 1863, Dr. HARVEY reports a case of maniacal delirium, in which it was internally used with great success, opium and other narcotics having failed.

III. In the *Dublin Hospital Gazette* for February, 1854, Dr. GORDON reports its employment with advantage in two cases of violent delirium, the result of irritative fever.

IV. In the same *Journal*, Dr. McDOWELL reports its successful administration in three cases of delirium tremens.

These cases have been referred to, not only from the fact that they fully demonstrate the internal action of chloroform, but that they are those in which full physiological doses were administered, and also those in which its effects were not impaired by combinations with other substances.

The rapidity with which chloroform acts upon the nerve centers; the character of the sleep produced; its not producing cerebral depression or gastric irritation, its prompt relief of nausea, and arrestion of vomiting, shorten materially the

period during which the practitioner must remain inactive before he can meet those complications which exert so powerful an influence upon this disease.

This remedy has been freely used by the writer, and the appended cases, from the record of those treated, show its uniform action.

Case I. Private B. was admitted to the Post Hospital, Fort Delaware, September 12th, 1865. This patient had been drinking hard for several days, and was reported as having no sleep during the past forty-eight hours. He was much debilitated, pulse about 100, skin cold and clammy, tongue heavily coated, very restless, suffering from constant nausea, and very considerable tremor. No mental disorder beyond an inability to concentrate his mind upon any subject. Chloroform $\mathfrak{zj}$. was administered, followed by a small quantity of iced water, and was not ejected, the tremor gradually ceased, his pulse became fuller and less frequent. He was undressed and placed in bed; and shortly passed into a profound sleep, which lasted for nearly five hours, at the expiration of which he awoke, exhibiting no symptoms of the attack beyond that of debility. He remained under treatment until the 14th, when he was returned to duty.

Case II. Private M., aged 40 years, originally of a strong constitution, but much debilitated by prolonged attacks of intermittent fever, was arrested, September 29th, 1865, at about 8 o'clock, P. M., and confined, after he had been drinking hard for many hours.

He was violently excited, and much force was necessary before he could be secured, his condition during the night continued the same.

My attention was not called to his case until 8 o'clock, A. M., the next day. I found him suffering greatly from prostration, vainly endeavoring to sleep, and pleading for stimulants; muscular tremor was excessive.

Chloroform $\mathfrak{zj}$. was administered, and produced an immediate cessation of his craving for drink.

In twenty minutes, as no permanent relief had been obtained, it was repeated to the extent of half a drachm, and in fifteen minutes the patient was in a sleep which lasted for several hours. When he awoke his mind was clear, and the nervous prostration relieved. He remained under treatment until October 2d, when he was returned to duty.

Case III. On the morning of June 10th, 1866, was called to see private "D," who was in close confinement, and found that he had been drinking excessively for several days, but that during the past twenty-four hours, had been without

any stimulant. The patient was lying upon his blankets, to all appearance perfectly quiet and composed. Insomnia being at the first glance the only prominent symptom; the excessive excitement having passed off and the remaining nervousness being to a great degree mastered by the will of the patient. His tongue was heavily coated, the pulse was small and feeble. He had voided no urine during the past ten hours, and had taken no food during the time he had been confined.

On being thrown off his guard, and excited, some muscular tremor, with slight incoherence, came on.

He was placed under the influence of one drachm of chloroform, and was soon in a sound sleep which lasted three hours. On awaking a full dose of castor oil in porter was administered, and in a few minutes he was again asleep, which lasted for one hour, when he voided about one pint of heavily loaded urine. The sleep continued during the day at short intervals, and under careful treatment and diet he rapidly recovered.

Had this case been allowed to remain, unaided for but a few hours, in all probability it would have terminated in maniacal delirium.

Case IV. Private M. H., was admitted to hospital, July 6th, 1866. He had been drinking since early on the morning of the 4th instant; the only symptoms exhibited were insomnia and some nervous excitement. Chloroform $\mathfrak{zj}$. was administered and was followed by a sleep of two hours, after which he awoke, refreshed and complaining of hunger—ate a full breakfast. The relief afforded was so great that at noon of the same day he was allowed to return to his quarters.

July 7th, at 7.30, A. M., he was brought to hospital under guard, with the report that his debauch has been renewed with vigor on the preceding day. He now exhibited the full symptoms of *mania a potu*.

His countenance was anxious; his expression wild; the muscular tremor was fully established; his speech was hurried and irrational. Eyes suffused, tongue heavily coated, pulse about 110, thirst excessive, but vomiting violently after drinking, restless, constantly walking around the ward. Was unable to keep him in bed.

8 o'clock, A. M. Chloroform $\mathfrak{zj}$. was administered in small quantities of simple syrup. The vomiting was arrested, but no other relief obtained.

8 o'clock, 20, A. M. The dose was repeated, and sensibly diminished the rate of his pulse and the violence of the tremor.

8.40, A. M. No disposition to sleep being apparent the same dose was administered, the tremor gradually ceased, the pulse became more natural, and sound sleep came on, which lasted for over two hours; when he awoke complaining of severe thirst; still incoherent and affected by the tremor, although a sensible abatement had occurred of all the symptoms. The thirst was relieved by pounded ice, and beef tea in small quantities was administered during the day; he continued drowsy and slept at intervals until five o'clock, P. M. At seven, P. M., after being awake for about two hours, the restlessness and excitement returned. A drachm of chloroform was again administered, and the patient slept during the entire night.

July 8th. Awoke in the morning much refreshed; his mind clear, but complaining of gastric pain and great thirst, in the absence of his nurse. He drank a large quantity of water, which again brought on excessive vomiting, with every prospect of a return of the graver symptoms. Chloroform gtt. ix. exhibited, quieting effectually the vomiting.

Ten grains of calomel were administered, followed by a full dose of castor oil in porter—this produced three evacuations. The patient remained quiet and rational, did not sleep much during the day—beef tea being retained by the stomach. At eight o'clock, P. M., chloroform ʒss. was administered, and secured for the patient a comfortable night.

July 9th. This morning the patient awoke rational, the cerebral symptoms having entirely disappeared, but suffering greatly from debility. From this point the case presents nothing of especial interest; the patient, however, having a hard struggle in recuperating—nausea and vomiting frequently being present, but always yielding to the influence of chloroform.

*Post Hospital, Fort Delaware, }
Del., July 25, 1866. }*

PROLAPSUS ANI.

BY W. W. MYERS, M. D.,

Of Pittsburgh, Pa.

Subject—MARY, child of D. P——, æt. 2½ years, and residing in Mulberry Alley. There was complete invagination of the lower bowel—it being propelled beyond the orifice of the anus nearly three inches. The prolapsed portion consisted of the upper part of the rectum, and inferior extremity of the sigmoid flexure of the colon. The protruded parts were inflamed and indurated, and yielded a slight discharge of mucus fluid, blended with blood. Around the margin of the

anus, there were several tubercles of a bluish color. These were evidently formed by the extremity of the rectum. The patient was placed in the recumbent position, with the buttocks raised, and the thorax depressed, and gentle and skilful pressure made with the palm of the hand. The attempt proved fruitless as to its immediate object,—yet it suggested an idea which led to a perfect cure of this obstinate disorder. The patient being a child, I knew there was more proneness to the disease, on account of the rectum being straighter, the sacrum less curved, and the abdominal viscera more voluminous,—thereby bearing more directly upon the rectum and anus during defecation. In this case the prolapsed part of the intestine consisted of the whole inferior extremity of the rectum. Yet the impediment to reduction did not arise from stricture of the sphincter ani; for I could introduce the fore-finger with ease; but it seemed to arise from the relaxed state of the lowest part of the intestine, and of the cellular membrane which connects it with the surrounding parts. I was careful in the examination of this case to make an accurate diagnosis, for as every one knows, in some cases of pretended prolapsus of the rectum, have after death been discovered to be an eversion of the cæcum. The greater part of the colon being found at the lower end of this intestine, and most of the rectum at its upper part. The exciting cause was diarrhoea, producing irritation in the rectum, and affecting the adjacent parts sympathetically. The coexisting weakness was the result of this irritation, because the overhurred organic movements caused decomposition and elimination to prevail over composition and absorption, and the indication to restore the strength by more nourishing food, was derived not from the weakness, but solely from the rapidity with which assimilation took place. In the treatment I felt it was of paramount importance to attend to the general health, which was impaired, with derangement of the secretions; to meet these indications small doses of hydrarg.-cum creta in combination with pulv. ipecac. et opii were administered through the day, followed each morning by ol. ricini. The patient was placed upon a farinaceous diet, and the skin maintained in a perspirable condition by the tepid bath. The relaxed state of the part, which came down at every evacuation, and the want of sufficient stricture in the sphincter ani, satisfied me that it was impossible to afford any effective relief to my patient, unless I could bring about a more firm adhesion to the surrounding cellular membrane, and increase the proper action of the sphincter.

April 9th. Patient placed under the influence of æth-sulph. A V-shaped piece of the mucous membrane of the prolapsed portion was removed at each side, and reduction accomplished,—approximation being effected and maintained by suture. Astringent washes and ointment were employed and the patient discharged on 23d inst.

—◆—

PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS OF THE TRUNKAL MUSCLES, WITH THE THERAPEUTIC INDICATIONS INVOLVED.

By E. P. BANNING, M. D.,

Of New York.

(Continued from p. 93.)

But, to be more specific,

1st. We may expect defective gastric action, with constipation, from the inertia of the *insensible sensibilities* of the stomach, liver, pancreas and small intestines, caused by deficient aggressive support.

The food *tarries* in the stomach for the requisite mechanical and vital changes. Under warmth and moisture, fermentation with its attendant train becomes imminent, and the food passes to the next passage in a state comparatively non-cognizable of the chylefying power, and of consequence, the major portion of it passes into the intestines as refuse material, and that portion which is taken up by the lacteals, is correspondingly crude and non-assimilable. Hence, the blood will be poor and more or less fermentable, and the consequence may be, not only emaciation, general debility and non-feasance of functions, but also that low state of the ganglionic and sympathetic nerves, which is the perpetual supply of the social, moral, and religious insanity, which so generally defies the best hygienic, medicinal or theological treatment, and all for the simple and rational reason, that the "wheel is broken at the cistern."

We also see that there may ensue more or less hepatic torpor, with its direct and reflex effects, under a loss of *stimulating* support, and that this torpor must so retard the portal circulation, as to institute a passive venous congestion, enlargement and increased gravity of the liver, and this must increase the traction of the hepatico diaphragmatic moorings, producing such sensations of dragging weight, dull pain, "sense of the liver's hanging from where it is hitched," as might rationally be expected, and which have led many practitioners to diagnose this condition to be chronic inflammation, primary hepatic torpor, etc. etc.; and to treat it by perpetual vesications, issues, alteratives, and deobstruents, with but

little permanent satisfaction or increase of professional prestige, simply because the underlying and aggravating *mechanical element* of the case was undiscovered, or in other words, not so much because of the wrong he did, as of the right which he did not. This also may shed light upon the stereotyped "*chronic splenitis*," which so proverbially refuses to *abdicate*, under issues, blisters, leechings, and alteratives. To be sure, this treatment may give temporary relief by substituting one *sensation* for another under counter-irritation, but which ceases soon after suspending the treatment. Dr. DEWEES has alluded to this, and says it has failed to yield to *every variety* of treatment, internal or external, which he has aimed at that organ, and concludes that it is not an actual affection of that organ, but merely a sympathetic condition from uterine prolapsus, as it is so usually a concomitant of that affection, and disappears on removing the prolapsus. But had this eminent teacher have discerned that in most cases of well-developed prolapsus, there was such an elongation of the intestinal chain, and such an unsupported state of the stomach, liver, and spleen, as to correspondingly tract the inferior and superior splenic moorings, he would not have been driven to use that most indefinite and unedifying expression "sympathetic." That is a term never to be used in connection with any *fact*, when any less mystic term will answer, inasmuch as its domain is so illimitable, and its boundaries so much like the never definable line of Mason & Dixon. He also would have understood why this steady aching pain is always aggravated by much standing, and relieved by habitual recumbency.

This view also sheds light upon the fact that a tumid and heavy lower abdomen is always attendant upon chronic peritonitis, and that the steady and fugitive sufferings in that affection are always aggravated by standing and walking, and also the rationale of the fact that such patients incline to recumbency and quiet, and carry their hands upon the abdomen in a supporting position.

In confirmation of this, let any practitioner who has been humbled so often by these constipated, dyspeptic, hypochondriacal, melancholic, and semi-insane subjects, call up before him their *physical form, proportions, and attitude*, and let him examine them in the light of the annexed figures, and also of the inspired statement that "God made man upright," (physically as well as morally,) and he will about invariably find the head to be more or less *set upon the sternum*, as it were; the shoulders rounded, the upper chest

contracted and hollow; that the spine has retracted where it should advance, and the stomach correspondingly retracted; that the abdomen is flat and rigid, or else heavy and tumid at the hypogastrium. Then by an easy mental transition, may he conclude, with the accuracy of a *seer*, that the primary law of individual visceral position and natural bearing is violated, and that comparative visceral *chaos* and functional *anarchy* revel within.

Having now barely unearthed these crude ideas, I must desist from extended delineations of their many *phases*, as exemplified in the morbid functional, mental, and religious states of very many patients of the highest culture, which I have not only traced to the above source, but confirmed the fact by readily removing the conditions by the therapeutic outbirths of the premises.

Therapeutic Indications.

Of course, these are obvious, viz. If any of the above morbid states do not readily and permanently yield to hygiene, diet, aperients, stimulants, alteratives, etc., the practitioner may see in concordant and physiological support to the viscera, not merely a *forlorn hope*, or a *dernier resort*, but an *auxiliary* which is at once concordant, rational, and pregnant with success; on this point it would not be modest for me to speak thus, but for the fact that since my retracy from a *general practice* for the indulgence of a passion for more *tangible truth*, I have become, as it were, a kind of *Esculapian hopper*, into which have gravitated a motley crowd of forlorn hopes, upon whom, partly from induction, and partly because shut up to it, I have put the principle of trunkal support to the test, and the result has been to *install* in my mind the doctrine of mechanical therapeutics on the basis of induction and fixed facts.

Case 1. Constipation and melancholia with casual insanity; aged 50; was a machinist of great enterprise. Had gradually become so erratic with alternate mental depressions and exaltations, as to have been placed for a time in the Hartford Retreat, and was legally prohibited from the management of his own business. Thought he had committed the unpardonable sin. Would lie in bed for days, saying, "it will kill me to put on my clothes." This would be followed by excitement. Would ride night and day. Wanted to commit suicide. Was brought to me in this condition, looking like a wild man.

Evident hepatic torpor, with the extremest constipation, were the chief functional defects discernible. Said medicine could procure one "hard

nubbin a week." To this man an abdominal and spinal brace was applied to divert, rather than anything else. On proposing to remove it, he remarked, "No, you don't," "feels good," "you never get it again." On next day but one, he came alone. His eye was calm, and his expression pleasant. "Doctor," said he, "yesterday, I would have taken sixpence for my soul, but now I would not take the world for it." Said he felt "rest of body and mind on the instant of support," first day. Toward night had a large and free evacuation. In a few days, he was permitted to resume control of his extensive and complicated business.

Case 2. A lawyer of wealth and influence. Did not know what on earth was the matter with himself: "Am rich, want nothing, have the most lovely domestic and social relations, but am miserable." "Swap to-day with one of my niggers." "Ate no meat for two years; never sleep." "Hell is inside of me." What was peculiar in this case was, he was not very constipated, and was a large florid man. He wanted a brace applied, "*hit or miss*, for the sake of something new." In two days he reported a total revolution, that his family and the world had another appearance. "Ate a turkey dinner the day before, and mince-pie on going to bed." "Slept well." The relief in these cases was permanent.

It is noticeable in the first, that the abdomen was very flat and the region of the stomach very much depressed. In the second, the converse of all this was the fact, and inasmuch as simple elevating and stimulating support to the lineal viscera was the only application, it must follow that the constipation, hepatic torpor, and melancholy, were purely the result of an unsupported state of the nerves of organic life. And now, judging from like results from mechanical support in many hundreds of kindred cases, I am forced to the conclusion, that in a large proportion of undefinable and nondescript cases, involving the physical, mental, and moral departments, mechanical support, added to other treatment, will, by giving organic tone to the *primæ viæ*, prove to be the missing link in the remedial chain.

Hepatic Torpor and Simulated Chronic Inflammation.

Case 1. A lady, of graceful proportions, was very constipated, with alternating diarrhœa, no signs of biliary secretion, except during the diarrhœal phase. Complained of constant and unbearable pain in the region of the liver, which was aggravated on erecting the body or walking, and was "sort of relieved" on bending forward and supporting the waist with a corset, or by

hard pressure with her hand. Her very intelligent physician had, for one year, treated her with alteratives, laxatives, rubefacients, and issues, which only modified her sufferings during the operation of the treatment.

Upon examining her whilst on her feet, there was no fulness at the hypogastrium, but there was a very marked narrowness and retraction at the hypochondria, with an external appearance and an internal feeling of tension in the region of the diaphragm. On pressing upward upon the abdomen with my left hand, and bracing the dorso-lumbar portion with my right, she said, "There, both the tension and the aching are gone already." Of course, under such indications, a brace was applied, and with the most happy results. The constitutional treatment, after that, always acting with efficiency.

Case 2. A slender lady, of Philadelphia, had been treated successively by several eminent physicians of that city, for chronic inflammation of the liver. She described the treatment as having been truly heroic. "Bled once a month, and salivated as often as she could recover, for four years." "Doctor, I took blue pills till I was fairly blue." I found her sitting in a low voluptuous armed chair, with feet upon a luxurious ottoman, by which her body was leaned forward and her thighs so flexed as to support her abdomen. Said, "That kept her liver from hanging, and relieved that awful pulling and goneness at the stomach." A momentary glance at her, whilst upon her feet, disclosed that tumidity of the hypogastrium and that small and retracted state at the hypochondrium, which her quaint expressions prepared me to find. On supporting her with my hands, she erected her trunk, and exclaimed, "The division in my body is gone, and I do not feel as though my tongue was being drawn down my throat." But on letting go of her, she drooped, flexed her limbs, and exclaimed, "That hanging feeling is back again. The permanent wearing of an abdominal and spinal shoulder-brace was attended, not with a total removal of all her infirmities, but with the ability to perambulate the city with freedom and comparative satisfaction.

And now, under this head I respectfully submit, that if practitioners, in examining their non-descript patients, would take a little more time, and listen with more attention to their quaint, but most suggestive expressions and comparisons, and would weigh them in the common sense scales of mechanical physiology, they would often avoid the chagrin of treating a mere secondary, for a primary affection, with poor success.

If ever I have made any desirable reputation, it has arisen from critically discriminating sensations in descriptions of cases.

We have now shown the negating or torpifying effect of muscular laxity upon the viscera, as exemplified in indigestion, constipation, hepatic torpor, and a low action of the nerve and psychical forces.

And we propose now to show, on the other hand, that this same muscular laxity often produces more *demonstrative* results, in the form of gastralgia, diarrhœa, and dysentery; also of cholera, under predisposing influences. And this statement is rendered believable by the well-known fact that torpor and irritation are not opposite states, but opposite manifestations, merely, of one and the same state, to wit; a depressed condition of the organic stamina—and hence it is that constipation and diarrhœa, so usually alternate, often too with tidal regularity, without the least real improvement in the vital status. The constipation, in this case, being the torpid, and the diarrhœa the irritable phase of the low organic tone, consequent upon the violated law of visceral position. The rationale of this phenomenon being a sort of tidal ebb and flow of the vital force in its struggles to maintain a mean peristaltic action. This view has been abundantly confirmed by the fact, that in numerous cases, where I have applied the best form of abdominal support for constipation alone or alternating diarrhœa, I have usually found both of these to give place to an orderly peristaltic action. Thus much as to an identical cause and cure of constipation and diarrhœa.

Of Muscular Laxity and Diarrhœa.

In introducing this point, it is unnecessary to say more than merely to state that the diarrhœal or irritable phase of muscular laxity may, on the above principles, be induced from the *first*, especially where season, climate, diet, etc., favor that form of effects, and I attach great importance to this statement, inasmuch as in chronic diarrhœa the mechanical elements in the case are seldom discerned, and consequently, for want of an early and steady support, whereby the bowels are not only supported, but braced and packed upward, thousands are yearly left to sink in spite of all other good treatment which can be brought to bear. Indeed, it is not so very essential to show that muscular laxity and an unsupported state of the bowels was the *primary cause* of the diarrhœal condition, in order to prove that mechanical support should be resorted to at an early day as an auxiliary, inasmuch as there is no necessary analogy between *cause* and *cure*, and often there is none, and we are left with existing

and operating facts in the case, as we find them, for true indications of cure.

In a case of chronic diarrhoea fully established, what are the tangible facts? Whatever the primary cause may have been, simply this: The bowels being empty in the main, are too small in volume to properly fill the abdominal cavity, and the relaxed abdominal muscles are unable to contract sufficiently to support the bowels; and more, could they so contract, it would be in such a manner as not to elevate and support them, but rather to depress them, the axis of their action being chiefly above the proper axis of muscular support. Again, the bowels are in a more or less sore, tender, and irritable condition, and like other tissues in a similar state, require to be motionless and quiet; or in other words, that a quietus should be placed upon all the provocatives of irritation. But in the premises, this thirty feet of intestinal chain, which should be motionless and quiet, are left to be tracted at the epigastrium; to be unduly compressed at the abdominal base by their own weight; to roll about on every change of posture, and to be jolted at every step.

This also accords with the known fact, that in diarrhoea, dysentery, and cholera, the patient's sufferings are always increased by exercise, sitting, or standing; when compelled to do so, they lean forward and involuntarily support the abdomen, as if to prevent any motion of the bowels.

Besides this, every sufferer knows, that every change from recumbency toward erectness, or from the back to the side even, is usually attended by a fresh accession of pain and diarrhoeal propulsion, and that these are abated by placing the hips considerably higher than the shoulders. This also is in agreement with the uniform professional injunction in dysentery and cholera—to maintain unbroken recumbency, and also, with the long-standing practice of swathing the abdomen in cholera infantum.

I therefore maintain, that if these things be so, they unerringly point to a comfortable and embracing abdominal support, in the premises, whereby the sore bowels are properly recoiled, and nested, as it were, in the normal ascendant; injurious motion suppressed, the stimulus of upward pressure educed, and all nature as well as art encouraged to labor in the interests of recovery. This view also derives unmistakeable confirmation and force from the circumstance that in no portion of the country are diarrhoeal affections so prevalent as in relaxing tropical climates, and that it is mainly in these climates where the auxiliary mechanical treatment of extreme bowel

complaints has achieved its greatest triumphs. But of this reasoning the profession must think as they please, whilst I leave the domain of theory, and proceed to the *argumentum ad hominem*, in the shape of incontestable and nearly uniform facts.

Case 1. An extensive druggist of Mobile, Alabama, where ulcerative diarrhoea was what they termed the "big disease," after passing through the usual treatment, was fain to arrange his affairs for a northern tour, as a "*forlorn hope*." Had much borborygmus, tumid lower belly, capricious appetite, soreness on riding or jolting, and felt comforted on supporting the abdomen with his hands; the character of the discharges, with internal tenderness and pain, leaving no doubt of ulceration.

To this gentleman a spinal and abdominal support was applied, on the urgency of some friend. He immediately expressed a sense of general "packing up and comfort," which was developed into a complete cure, and his northern tour was abandoned. This case did not come under my own cognizance, but was narrated to me by the distinguished Dr. MARION SIMS, who received the statement from the patient himself.

Case 2. A venerable and eminent doctor of divinity of this city, had nearly surrendered his pulpit from great abdominal and consequent vocal weakness. Applied an abdominal and spinal brace, and years afterward, writes to me, ". . . Your brace has been of unsurpassable advantage to me; advantage, not only in *speaking*, but in *walking*, in both it imparts a buoyancy to the system. It produces, however, one peculiar effect, which I wish to mention to you. I have found by experience, again and again, that when I have put it on slack and loosely, not only has a disposition to void urine more frequently than usual followed, but diarrhoea has set in, and by simply tightening the brace, both of these effects have been checked. The philosophy of this I know not, but I do know the fact. . . ."

Of Dysentery.

Dysentery, it must be admitted, is a malady near of kin to diarrhoea, both as to its outward manifestations and that reciprocal support and stimulation which should perpetually operate between the viscera and their abdominal walls.

This is also the more manifest by the fact that, much more than in diarrhoea, does motion and the vertical posture aggravate all the symptoms, and that quiet and recumbency ever bring comparative mitigation under eligible circumstances.

Both these complaints may be summed up as consisting of an irritation of the irritable stomach and bowels, in differing modifications and degrees; the irritable becoming manifest in irritation through some mere circumstance, which ordinarily would have been insignificant and inoperative. In a word, it appears to me, that reason and analogy, apart from facts, indicate abdominal and spinal support, as a rule, in the treatment of dysenteric conditions, more especially after the acute stages have passed.

For illustrations on this point, out of many, I content myself with the citation of the subjoined, narrated to me by the captain of an East India ship, whose crew was nearly cut off by epidemic dysentery. "Those of the men who survived the acute form of the disease, were left, with 'not a diarrhœa, but a running.'" If the men stood, they had a liquid and odorless discharge. Swallowing a mouthful of rice water would be followed by its immediate rejection per rectum. The ship had to "clew sails," and the men to save unbuttoning, "moved about with bare poles," "not a man could go before the mast." In this dilemma, one sailor, under the bare instinct of his feelings, applied a bandage tightly around his lower belly, with so great relief as to report for duty in forty-eight hours after; upon this, all of the men were tightly bandaged, with equally favorable results.

Prophylactic and Remedial tendency of Abdominal Support in Cholera.

Whilst there may be doubts as to what is the *primary* cause and nature of cholera, some things connected with its *manifestations are certain*, viz., that it is a disturbed and unbalanced condition of the stomach and bowels; that the bulwark of safety consists in preventing an attack; that every feature of choleraic manifestation is that of irritation, from a low irritable state of the organic tone, or "insensible sensibilities." That whatever tends to maintain or excite a higher standard of organic tone, and avert disquieting influences, serves as a fortification to the organs against predisposing causes; and lastly, that in proportion as there exists a due supported and stimulated state of the stomach and bowels, through energetic trunkal muscles, will the desideratum be supplied. And now to the facts in the case.

When the great intangible ferment of cholera has saturated a community, the individuals composing which, are in varying degrees of plus and minus in point of organic energy; all are alike *charged* and *exposed*; the timid, fearful, and irritable organizations first give way, whilst thousands of others escape, until some ordinarily

insignificant circumstance acts as a match to the magazine, whilst others in still better tone escape to the end.

To illustrate better, take a jar of some crystallizable solution; so long as it is undisturbed, it remains translucent; but no sooner is a bead suspended in it, than this clear liquid leaps into solid crystal; so in epidemic conditions, thousands of attacks might doubtless be warded off by undisturbed quiet, and the slightest degree of improved tone of the organic forces.

For these and other analogous reasons, I have ever, in choleraic times, recommended energetic, abdominal and spinal support, as being of a prophylactic tendency, the real result of which (if universally adopted) could never be known, but may be inferred from what is known of its *remedial* tendency. I would say then, to all, everywhere, who have reason to fear, to maintain a supported state of the stomach and bowels in all times of exposure to cholera. If you can do no better, bandage the lower belly with strips of flannel, (cut bias, to make elastic.)

But to render the principle more effective, convenient and comfortable, an elevating and bracing support should be used, inasmuch as bandages and belts cannot but exercise too much of a *compressing*, and not a *lifting* action.

In addition to this, I also recommend camphorated and other compositions, applied under the brace, for obvious reasons.

Of Abdominal Support as a Remedy,

I now do not speak at length, as the views expressed on diarrhœa and dysentery may answer instead; the premises are identical, and I only cite a few facts in point.

Case I. In 1854, when cholera was last in this city, the writer was attacked with a most depressing diarrhœa; discharges moderate, but attended by a most depressing effect, sense of emptiness, and faintness in the stomach and bowels, with dyspnœa and lassitude, were very great. In this condition, (more from theoretic consistency than from expectations of good,) I applied the abdominal and spinal brace. The result was almost electric; relief from the languor of the eyelids even, being felt, before the instrument was fully adjusted. A desire for food returned; languor disappeared, and with it diarrhœal propension.

Case II. A tailor had for three days been coming down under a condition identical with that of myself; "could not hold his eyelids up;" "had kept up, and found comfort by hanging his belly on the 'tailor's board' when he was cutting." Brace was applied, with instantaneous

sense of rest and comfort. Said afterward, "Don't have to shelf my belly on the board."

Case III. A lady of St. Louis, who had occasionally worn the abdominal and spinal brace for uterine weakness, had a virulent attack of cholera, which passed rapidly to the stage of collapse, when she was simply conscious of "deathly ease and sinking," with barely strength to request the brace to be applied. The application of which, she avers, was followed by a sense of most comforting support, with prompt action.

I now only ask to add on this head,

1st. That whilst I feel morally bound to *press* the above view, I would also urge simultaneous use of all other proper means. And,

2d. That in commencing collapse, I feel convinced that the stimulating effect of lifting abdominal support, with the hand even, would often suffice to turn the scale in the interests of life, when it is simply a question of action or non-action.

CEREBRO-SPINAL MENINGITIS.

By H. M. LAWSON, M. D.,

Of Cuthbert, Ga.

Anne T., aged five years, complained, on the 24th February last, of irregular pains in the vicinity of the larger joints, and also in the occipital and cervical regions, where it was most persistent and severe. Tongue moist and clean, bowels confined, occasional darting pains in the head, startings during sleep, and convulsive twitchings of the upper extremities, pulse natural. Some hours before my visit, she complained of chilly sensations, but now feels warm and comfortable. Was directed to have oil and turpentine, and a warm bath at bed-time.

Feb. 25th. Patient to-day growing rapidly worse, pain in the head more general and constant, muscles of the neck rigidly contracted, and the head drawn slightly backward toward the spine, temper irritable, complains of general soreness of the surface, and much pain in the cervical region, from even slight movements of the head, pulse natural both in frequency and force, bowels still bound.

R. Quiniae sulphas,

Hydrarg. chlorid. mit., 3̄ gr. vj.

Mix and divide into six portions, one to be given every two hours.

2 o'clock, P. M. Slight febrile excitement. Otherwise about the same as this morning. Prescription continued.

10 o'clock, P. M. Patient asleep, bowels have moved slightly once, skin moist. Medicine discontinued either through mistake, or because the

parents, seeing the child so much better, thought it was not necessary to continue it.

26th. Did not see the patient in the morning. Hastily summoned to see the child in the afternoon. Found all the symptoms aggravated, head more drawn back, very restless, some delirium. Calomel and quinia resumed.

11 o'clock, P. M. More quiet, pulse 110, some jactitation and delirium still. Head still drawn back.

27th. The patient again improving and asleep. The head again approaches its natural position.

Throughout this case, the position of the head of the patient was a correct indication of her condition, being more drawn back when worse, and less so when improving.

Ordered oil and turpentine. Bowels acted (not freely) four hours after. To have calomel and quinia every four hours.

The patient continued without material change for several days. Bowels still torpid, only moving in response to cathartics; by these one or two scanty discharges, attended with much griping, and several ineffectual efforts were daily obtained.

March 2d. Some appetite to-day. Thinking that the medicines had been given for a sufficient length of time, I directed it to be given in smaller doses, and gradually discontinued, but owing to the difficulty of getting the patient to take it, it was at once discontinued. I allowed her to have any light article of diet she chose, in small quantities.

March 3d, 7 o'clock, P. M. All the symptoms again appeared with increased severity. The head became so drawn back that deglutition was performed with great difficulty. Pulse 120, continued delirium. I determined to continue by enema the prescription that had proved so serviceable, but by persevering, we managed to get the medicines taken, and after twelve hours of anxiety and labor, I was gratified to find the patient again rallying.

The calomel and quinia was continued after this for a week, and then gradually withdrawn, first by diminishing the doses, and afterward by increasing the intervals between them, and the patient made a slow recovery.

This was the last of seven cases thus treated, and six of them recovered. In none of the cases was ptolism, or quinineism induced, and in all was the same amenability to this remedy evinced, but in none was it so marked as in this.

Thinking that a report of this case and the evidence furnished by the other cases (of the value of calomel and quinia in the treatment of this

intractable disease) would be of service, I have taken the liberty of forwarding for publication.

ON THE OCCURRENCE, IN THE HUMAN SUBJECT, OF AN UMBILICAL CÆCUM.

By ELLIOTT COVES, M. D., U. S. A.

The abnormal occurrence, in man, of organs or structures properly characteristic of some of the lower vertebrata, or the persistence, through adult life, of those which really belong only to the period of foetal existence, is comparatively infrequent, and at the same time sufficiently interesting to render it desirable that authentic instances should be placed on record.

In my dissecting room experience of the past two or three years, I have been so fortunate as to meet with two excellent cases of that curious and rather rare malformation known, for want of a better name, as the "Umbilical Cæcum." I do not think it is so very unusual as is generally supposed, since, for the most obvious of reasons, it is only occasionally and quite by accident that it is brought to light. Still, I do not now recall any record of such cases in our current medical literature; and a description of those that came under my observation may present to many a novelty.

On making the ordinary crucial incision through the abdominal parietes, to institute an autopsy of a case of typhoid fever, my attention was at once drawn to what at first sight I took to be a loop of small intestine, lying in the middle of the abdomen, directly beneath the umbilicus. But a moment's examination convinced me that I had stumbled upon the curious malformation in question, and I carefully cut out the specimen, and prepared it by inflation and drying. It was a diverticulum, or cul-de-sac, of intestine, about two inches and a half long, and in calibre corresponded exactly with the portion of the jejunum from which it grew. Its axis was perpendicular to that of the intestine proper; from which, when inflated, it stood off at right angles. It was covered with a prolongation of peritoneum, and bound down by a mesentery of its own. The fibres of both the longitudinal and circular intestinal muscles were continued directly upon it, with no apparent interruption of their continuity. There was no constriction or corrugation of its base where it joined the intestine proper; but the contents of the bowels had the freest ingress and egress. The distal extremity was smooth, rounded, free, unattached either to ligamentum teres or urachus, being only bound down by the mesentery already noticed. The whole structure, in fact, of this supernumerary bit of intestine was entirely

homologous with that of the jejunum upon which it was engrafted, and was perfectly healthy in appearance. It was probably not the result of disease, and as evidently could in no wise have affected the health of its owner.

Grown curious upon the subject of "umbilical cæca," I was naturally much pleased to meet with a second case, and that too, shortly afterward. The patient died of intussusception of the bowels; and on making an autopsy, a precisely similar malformation was found. It was in this instance rather longer, being over three inches in length, and its calibre was rather more contracted, it being in diameter considerably surpassed by the jejunum. The distal extremity was less broadly rounded, and was puckered into several small elevations and depressions by constricting fibres of the peritoneum, just where the latter began to form the mesentery. In this case, I must be particular to add, the malformation had nothing whatever to do with the intussusception, which latter was situated low down in the ilium; but had a most open communication with the intestinal cavity.

It would be very easy, but at the same time extremely unphilosophical, to dismiss these structures as merely examples of a *lusus naturæ*. Comparative anatomy furnishes us with a very obvious clue to a correct understanding of their analogy; and whether the following hypothesis be right or wrong, it is better than none, and is, I believe, the one commonly accepted as most rational. It is a fact well known to us ornithologists, that in the class aves, a true umbilical cæcum is frequently to be met with, forming a diverticulum or pouch, to which those above described are, at least in material features, quite similar. This is situated at the original point of entrance of the vitelline duct into the intestine; and is the remains of, or rather is indicative of, this latter structure.

This remnant of an embryonic organ is quite persistent, and very generally to be found throughout the lower orders of birds, as the *Grallatores* and *Natatores*; while in the higher, such as the *Raptores* or *Passeres*, it is only of exceptional occurrence, and then even is with difficulty recognizable.

It seems therefore not irrational to believe that the "eidolon" of this structure which is abnormal in man, but quite normal in many families of birds, was cast for each, in much the same mould. I should take much interest in learning of additional cases of human "umbilical cæca."

U. S. A. Post-Hospital, }
Columbia, S. C., July 24, 1866. }

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
April 11th, 1866.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Strumous Disease of Eye and Ear.

Ida McK., 12 years of age. Upon the left eye there is a little milky spot, an opacity of the cornea, the result of inflammation leading to a deposit of lymph. When the deposit is so slight as in this instance its removal may be hoped for, by sorbefacient remedies applied directly to the part and through the system. She cannot meet a full stream of light. There is always in these cases more or less intolerance of light manifested by partial or complete closure of the eyelids. There is eczema behind the ears, especially on the right side. The ears discharge constantly. There is inflammation of the meibomian follicle, and a glueing together of the roots of the eye lashes in the morning. There is also an enlargement of some of the glands of the neck. She has a delicate complexion, light blueish eyes, and rather light hair. The fingers are not bulbous nor is there any incurvation of the nails. She has cold hands and feet all the time, and generally an offensive breath.

The case is one of strumous disease. We find in this class of individuals usually disorder of the digestive apparatus, foul breath, more or less indigestion, flatulence, acid eructations, sometimes heart-burn, as it is improperly denominated, constipation or irregularity of bowels, constipation sometimes alternating with diarrhoea, tumid abdomen, great susceptibility to cold and restlessness at night. The discharge from and behind the ears and the opacity of the cornea present in this patient, are merely local manifestations of the constitutional disease. Hence the propriety of addressing remedies to the system at large, and not merely to the parts affected.

The child was placed on the use of tincture of iron, ten drops three times a day, to improve the condition of the digestive apparatus, and also that of the blood. Blue mass and jalap, two and a half grains of each in the form of a pill, was ordered every fourth night at bedtime, to produce one or two pretty free alvine evacuations the next morning. The object of this purgative treatment is to improve the secretions and remove any irritating matter in the alimentary canal. The diet should be plain, simple but nutritious. She should have stale bread, old crackers, hominy, grits and mealy potatoes, a little meat once a day but none for supper; an egg occasionally, butter, molasses, plenty of milk, no coffee, but a little weak tea if she likes it. Keep her warm. Let her go out in the open air, when the weather permits. She should wear a shade about the house over the eyes, and a veil out of doors. Inject the ear twice a day with permanganate of potassa, one-half a grain to about one-half a tumbler full of warm water, thrown in gently with a good syringe. This will act as a

deodorizer, detergent, alterant and slight stimulant. Chlorinated soda acts quite as well. If the ears do not improve under this treatment, use will be made of a very weak solution of nitrate of silver. In regard to the opacity of the cornea, the mother was directed to put one drop of very thin molasses into the eye twice a day, morning and evening. This will act as a sorbefacient. Care must be taken not to excite the action of the capillary vessels, otherwise a deposit of plastic matter is produced instead of its absorption. In a few weeks, the child will be placed on the use of one of the iodides.

Scrofulous Abscesses.

Barney C., aged 37. He has a tumor over the ribs on the right side of the middle line below the scapula, which has been there eight weeks. As the contents are displaced at one point, they become prominent at another. There is no particular discoloration of the skin, and no pain upon handling the part. He feels weak, looks pale and is becoming thin, he says. His appetite is poor.

This tumor cannot be encephaloid in character, because it is a little too soft, and there is an absence of enlargement of the subcutaneous veins. It is evidently a strumous or scrofulous abscess, and probably connected with disease of the ribs. The inference that the growth is of this description is made from its duration; from the fact that there is more or less pain, whereas encephaloid diseases are usually painless, except when struck, or the surrounding part injured; from the heat present to an extent rarely seen in encephaloid; and from the distinct fluctuation. This is a different manifestation of the same constitutional condition as that observed in the little patient just treated.

One object of treatment will be to open this abscess to discharge its contents, and if there is no serious disease of the ribs, we shall be able to obliterate the sac in which the matter is contained, for in this form of abscess there is a pyogenic membrane formed out of plastic matter. This sac is not always easily obliterated, and if the air be allowed to enter it, it is sure to produce decomposition of its contents, as the result of which there is great constitutional disturbance.

The most dependant part of the swelling was selected for opening. The pus evacuated was thin, and of a yellowish appearance, inclined to greenish. If examined carefully, it would be found to contain a very large quantity of oily matter with a comparatively small quantity of pus globules. On standing, it would separate into two parts, a sero-oleaginous fluid swimming upon the surface, and a great deal of granular matter containing pus globules, sinking to the bottom. Such pus can only occur in persons of a strumous diathesis. A tent was introduced, well oiled. Opium was ordered to counteract the temporary disturbance produced by the ingress of the air. Two grains at least was directed once in twenty-four hours. Also twenty-five drops, every four hours, of tinctura ferri chloridi, containing twenty grains of quinine to the ounce. Nutritious diet, alcoholic stimulants and rest were enjoined.

Contusion of Hip-Joint.

A. J., aged 26. Up to his fifteenth year his left hip was perfectly sound. Then he slipped down, and, he says, dislocated his hip, confining him to bed about six weeks. In standing, he inclines the body over toward the right side, bringing the axis of the trunk on a line with the sound limb, to defend the left as much as possible from the pressure of the body.

The knee of the affected extremity is projected forward, the heel raised from the surface, and the great trochanter stands out with great prominence. The spine is curved. The thigh on the left side is not quite so large as the unaffected one. As he moves the limb he carries the pelvis along with it, showing comparatively little motion in the articulation.

There is no evidence of any dislocation here. The head of the bone is in its socket. The case was one of contusion or sprain. This accident resulted in inflammation extending to the synovial membrane, and followed by a deposit of plastic matter which has become organized, and holds the head of the bone in the acetabulum. There is a creaking sound, but very little motion on rotating the limb. If this youth had had these adhesions broken up long ago the functions of the part might have been fully restored. Now it is doubtful if anything can be done.

The patient was placed under the influence of chloroform, and the limb extended. Exercise may effect some good, but as there is so much deformity in the spine, it is questionable whether he will be permanently benefitted. The extraordinary prominence of the great trochanter, here present, is observable in many cases of contusion or sprain of the hip-joint.

Reviews and Book Notices.

Medical Diagnosis, with Special Reference to Practical Medicine. A Guide to the Knowledge and Discrimination of Diseases. By J. M. DA COSTA, M. D., Lecturer on Clinical Medicine, and Physician to the Pennsylvania Hospital; President of the Pathological Society of Philadelphia, etc. etc. Illustrated with Engravings on Wood. Second edition. Revised. Philadelphia: J. B. LIPPINCOTT & Co. 1866. 8vo., pp. 784. Price \$6.

When this work was first issued, it was pronounced by a cotemporary medical journal to be the best existing Manual of Medical Diagnosis. It has, since, passed well through the ordeal of criticism, at home and abroad; and the new edition has been carefully revised. We are, therefore, safe in repeating the above expression of commendation. It ought, and we presume is likely, to be regarded as an indispensable hand-book for the well-trained student, and a work of constant reference for the observing practitioner.

Minor oversights and omissions, of which a few were noticeable in the first edition, have been generally corrected; while several important ad-

ditions have been made. Thus we find now a good account of WUNDERLICH's and RINGER's observations upon the *temperature* of the body as a means of diagnosis; more than a dozen pages have been added upon diseases of the brain and spinal cord; laryngoscopy receives full attention; pigmental degeneration of the blood in malarial disease is described, and other alterations of the blood are more fully considered; the section on the urine has been made more complete; vegetable parasites receive more attention, and the chionyphe Carteri is introduced; while trichiniasis has, instead of a paragraph, more than ten pages, with full illustration.

As a matter of taste, we regret that Dr. DA COSTA has not altogether omitted the occasional remarks upon the *treatment* of diseases which appeared in the first edition. They are necessarily very incomplete, and are quite out of place in a Manual of Diagnosis. The only way in which treatment can ever be relevant to that subject is, through the occasional diagnostic value of the comparative *effects* of remedies; but our author's paragraphs upon therapeutics are not so limited, and seem to be dropped in here and there without any method whatever.

The student who wishes merely to memorize the distinctions between disorders, will not find the arrangement of this book the most favorable for that end. A number of excellent tables of contrast, it is true, afford convenience for it; but, generally, it follows rather the system of clinical signs than that of nosological names. This makes it all the better, however, for thorough study; and, indeed, for practical guidance.

Handsome printing, excellent wood-engravings, and good binding, make this a pleasant book for reading or reference.

With an addition of nearly a hundred pages, the bulk of the volume is made to be no greater than that of the first edition; a fact which contributes to its convenience for use.

A Handy-Book of Ophthalmic Surgery. For the Use of Practitioners. By J. Z. LAURENCE, F. R. C. S., M. B., (Univ. Lond.), Surgeon to the Ophthalmic Hospital, Southwark, Editor of the *Ophthalmic Review*, etc. etc.; and ROBERT C. MOON, House-Surgeon to the Ophthalmic Hospital. With numerous illustrations. London: R. Hardwicke. 1866. 8vo., pp. 160.

If it was ever derogatory to a high reputation to write a small book, it is no longer so. One must have, in this age, extremely good matter to make it justifiable ever to write a large one; and it requires more ability in authorship to give the same matter in the condensed form than in that of rarefaction. A pressure of many atmos-

spheres—to borrow a figure—must have been employed in producing this thin “handy-book.” Every word tells; and so does every illustration. As the preface states, it has been its authors’ aim “to bring the principles and practice of modern ophthalmic surgery within a small compass, to supply the wants of the busy practitioner, who may have neither time nor opportunity to read the innumerable contributions that ophthalmic surgery and science have received within the last fifteen years.” In describing symptoms, they have limited themselves to those which are essential for the *recognition* of disease; in describing operations, to those details which are essential for its *treatment*.

The first chapters, upon the methods of examining the eye, and general remarks upon ophthalmic operations, are very precise and clear, although brief. Chloroform is used by the authors in every kind of operation upon the eye, and without any bad result. Prof. JACOBSON is quoted as having stated at the Heidelberg Congress of 1864, that in about fifteen hundred cases in which chloroform had been administered, in five years, on no occasion had any signs of danger occurred; and that vomiting exerted no deleterious influence, if, as soon as its advent became apparent, the eye was properly protected by a cotton-wool compress. MESSRS. LAURENCE and MOON regard anæsthesia as especially important in the operation for cataract.

For lacrymal strictures, our authors prefer dilatation by the systematic introduction of probes, after slitting up the canaliculus, to the older method of the style; unless in exceptional cases. For otherwise incurable lachrymation, the extirpation of the lachrymal gland, an easy operation, is proposed, having been suggested by BERNARD twenty years ago.

After tenotomy for strabismus, LAURENCE and MOON urge the daily exercise of binocular vision by the stereoscope. For ophthalmia of new-born infants, they recommend with confidence the early introduction of a solution of nitrate of silver, ten grains or more to the ounce. For conjunctivitis with pustules near the cornea, ointment of the *yellow oxide of mercury* is particularly advised. Obstinate granulations are said to be sometimes most effectually removed by applications of *liquor potassæ*. MESSRS. LAURENCE and MOON do not give mercury in iritis; they find their cases get on as well without it. They make no distinction in treatment between syphilitic and non-syphilitic iritis.

For extraction in hard cataract, our authors, in most cases, prefer CRITCHETT’S modification of

WALDAU’S operation: making a corneal incision to the extent of one-third of the circumference of the cornea, excising a portion of the iris, lacerating the capsule of the lens freely with a cystotome, and then withdrawing the lens with a silver spoon with a *small* bowl, having an inverted terminal edge, which is gently introduced *behind* the lens. For soft cataract, the safest operation is considered to be simple division of the lens-substance with a lance-headed needle; repeating the operation several times. TEALE’S more rapid operation of removal by a “suction-curette” is, on the experience of MESSRS. LAURENCE and MOON, regarded as not so safe.

In a brief historical sketch of glaucoma, its phenomena are all finally referred to morbidly increased tension of the tunics of the eyeball, from pressure of its contained fluids. Iridectomy is, notwithstanding all opposition, pronounced to be the operation for glaucoma; its curative or restorative power being inversely proportional to the duration of the disease. The *rationale* of its action is obscure. Our authors think, most reasonably it appears to us, that the greater part of the benefit results from the largeness of the corneal incision, and the consequent relief of tension; comparing thus with a limited paracentesis corneæ as the free incision of an abscess does with a mere puncture. SPERINO reports that repeated paracentesis of the cornea compares well with iridectomy in results.

The last chapters in the Handy-Book, upon vision, its defects and their correctives, are full, clear, and exact. The view is adopted without question, that accommodation of sight to near objects is mainly produced by increase of the convexity of the crystalline lens; effected *probably* by the action of the ciliary muscle, which WHARTON JONES, ROUGET, and others have shown to consist of circular and radiating fibres. The recently promulgated doubts as to the real muscularity of the iris are not alluded to, but it is considered to be auxiliary in accommodation.

Whoever wishes to obtain in the smallest possible space, clearly and authoritatively enunciated, all the essentials of ophthalmology, can do no better than to master this treatise of LAURENCE and MOON. We should suppose its reprint in this country to be very desirable.

— A new uniform has just appeared on the Italian field of battle—that of members of the International Association for Succoring the Wounded, who wear those words inscribed on their hats, and have, as a distinctive sign, a white band with a red cross around their arm.

Medical and Surgical Reporter.

S. W. EUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, AUGUST 11, 1866.

BRAITHWAITE'S RETROSPECT.

It having been announced that, commencing with July, a Digest from American Medical Journals would be issued as an Appendix to the republication of the above work, Mr. TOWNSEND, the publisher, gives the following reason for postponing it till the next issue:

"It has been the intention of the American Publisher of BRAITHWAITE'S RETROSPECT to add a Digest from the American Journals as an Appendix to this work, and after the issue of the last number he announced that he would do so, and that he had engaged Dr. A. K. GARDNER, late Professor of Diseases of Females, in the New York Medical College, to superintend this addition. After considerable deliberation, he concluded not to make any extra charge to his subscribers, but to add this *rèsumé* to the original work, which should be furnished at the same price as heretofore. This intention was based upon the supposed probabilities of a fall in the prices of labor and material. Their continued advanced prices, together with the vicissitudes of the times, admonish against any new undertakings, and the publisher will, therefore, defer the commencement of the new feature in the Magazine to the commencement of the new volume—the following January number."

Notes and Comments.

Thompson's Deodorizer and Disinfectant.

This compound contains by measure,

- 6 parts of gypsum,
- 2 parts of fresh burned ground lime,
- 2 parts of prepared granulated charcoal,
- 1 part hard wood ashes.
- 1 part common salt.

An eminent and entirely disinterested authority, in a business letter, says, speaking of this disinfectant, "I believe it to be the *best and cheapest* one extant. It can be had for about \$4 per barrel, and will go about as far as chloride of lime at \$12. I have experimented with it, and such is my conclusion. A *good and cheap* deodorizer and disinfectant was a *desideratum*; it is so no longer. You see, from the composition of

this, it must slowly develop *chlorine gas*, and that makes it more permanent in its effects than chloride of lime. I think you would subserve the cause of science and humanity by noticing it."

A Singular Omission.

Section 6, of the Army Bill just passed by Congress, as published in the *Army and Navy Journal*, designates the regimental and company officers of the reorganized and new regiments, but makes no mention whatever of surgeons or assistant surgeons. Is this omission a blunder in the law, or is it a clerical or a typographical error? A regiment of a thousand men, either in camp, barrack, or on active duty, will not be long in discovering that a surgeon is an indispensable requisite in its organization.

Books, etc., Received.

The Medical Register of the City of New York, for the year commencing June 1st, 1866. This excellent little work is published under the supervision of the New York Medico-Historical Society, and is edited by Dr. GUIDO FURMAN. It contains a very large amount of information interesting to medical men, including a directory of all regular practitioners in the city, and seems to be an indispensable companion to a New York physician's office. For sale by Wm. Wood & Co., 51 Walker st., N. Y.

Thermometric Observations on Fever. By THOMAS WRIGLEY GRIMSHAW, A. B., M. B., Physician to Cork street (Dublin) Fever Hospital, Lecturer on Materia Medica, etc. etc.

Also, by the same author: *On Atmospheric Conditions influencing the Prevalence of Typhus Fever.*

A Letter to the Consulting Physicians of Boston, on Cholera. By WM. READ, M. D.

Correspondence.

FOREIGN.

DUBLIN, July 19th, 1866.

Typhus and Typhoid Fevers.

EDITOR MEDICAL AND SURGICAL REPORTER:

At a recent meeting of the Medical Association, Dr. HENRY KENNEDY brought forward a number of interesting cases, where the symptoms of typhus and typhoid (or enteric) fever were so mixed that it was impossible to say under which disease the patient was laboring. Dr. KENNEDY used these cases in support of opinions, long held,

and often expressed by him, that typhus and typhoid fevers were only varieties of a disease produced by one common poison; and that the diseases were not specifically different. He also detailed cases supporting the same views, where the typhus and typhoid forms of fever had arisen in different members of the same family at the same time.

Typhus Fever and Ozone.

At the above-mentioned meeting Dr. GRIMSHAW handed in a diagram comparing the prevalence of typhus fever with the amount of ozone in the atmosphere (being a supplement to a paper read by him at a former meeting of the Society, "On Atmospheric Conditions Influencing the Prevalence of Typhus Fever.") Dr. GRIMSHAW stated that there appeared to be no correspondence between the amount of ozone in the atmosphere and the prevalence of typhus; this being contrary to the prevailing opinion, that the greater the amount of atmospheric ozone the less the prevalence of zymotic disease.

Cerebro-Spinal Arachnitis.

Cerebro-spinal arachnitis, which was epidemic on the continent of Europe during the last year, has been prevalent amongst us for some time past, but has not assumed the epidemic form, which it did in 1846, when it last visited this country. A number of cases have occurred in the various hospitals.

"Black Death."

An unusual form of zymotic disease has appeared in this city, which has been described under the alarming name of "black death," being supposed by many to be the terrible scourge which visited this country, and was known by that name, in the fourteenth century. The black death, which is mentioned more than once in history, seems to have included several diseases, especially plague, and a malignant form of typhus. The disease which appeared here lately seemed to resemble a very malignant form of typhus, more than any other disease with which we are acquainted; and it is worthy of remark, that during the time the cases of "black death" occurred, the typhus eruption, as seen in our hospitals, presented an unusually large and dark appearance, and that the mortality of typhus was higher than usual here. There were only about six cases of this terrible disease, all proving rapidly fatal within twenty-four hours; the greater portion of the body turning black before death. The disease has not shown any sign of spreading, and for some time past the city has been free from it.

Cholera.

Cholera has appeared at several of the English seaports, but fortunately has not spread inland, nor made its appearance in Ireland. It has twice appeared in Liverpool, having been introduced into that town by the German emigrants, and by them also conveyed to the American side of the Atlantic. On both occasions the disease appears to have been confined within narrow limits, by active sanitary and quarantine arrangements.

A New Medicated Pessary.

At a recent meeting of the Obstetrical Society, Dr. KIDD exhibited a new form of medicated pessary. The pessary consisted of a cylinder formed of cotton wool, impregnated with cocoa butter, having a conical end, and a cavity into which the medicament could be introduced, and sealed up with a portion of cocoa butter. The pessary is introduced into the vagina, when, the buttery matter gradually melting, the medicine is diffused over the mucous membrane and absorbed. The cotton wool obviates two inconveniences in the use of cocoa butter, as a basis of medicated pessaries; first, it gives a firmer consistence, preventing the pessary being bruised by the force used in its introduction; and secondly, retards its melting, giving some time for the absorption of the medicine.

Chlorate of Quinine

Has recently been employed by Dr. LYONS at the Whitworth and Hardwicke Hospitals, as a tonic and stimulant. It is considered superior to the sulphate of quinine, on account of the large amount of oxygen contained by the chlorate, which is supposed to be given off, thus adding the stimulant properties of oxygen to the tonic qualities of quinine.

The Physiology of Todd and Bowman.

The first part of a new edition of the celebrated Physiology of TODD and BOWMAN has just appeared, under the able editorship of Dr. LIONEL S. BEALE. The work bids fair to continue its character as the standard authority on physiology in these countries. The part just published is chiefly introductory, detailing the new ideas about cell-growth, lately investigated by the editor, and now almost universally received. These new views seem quite to upset all our notions of cells and cell-growths, which have so long held their ground, and believed to be established facts.

The Death of Dr. Toynbee.

I regret to announce the death of Dr. TOYNBEE, the well-known aural surgeon of London. He met with his death in a most melancholy manner; in fact he has been a martyr to the science of

medicine. He was engaged making experiments upon himself with regard to the effects of the inhalation of chloroform and hydrocyanic acid, having in view the use of these agents co-employed in the treatment of *tininitus aurium*.

He was found dead in his study by the servant, with a piece of cotton-wool over his mouth, supposed to have contained chloroform. His notes, with notes on the subject which he was investigating, were found on the table by his side.

His death is universally regretted, as he was much respected and beloved, not only on account of his professional, but his private worth.

T. W. G.

DOMESTIC.

Cholera not Contagious.

EDITOR MEDICAL AND SURGICAL REPORTER:

Cholera, like diphtheria, is a household word, and attracts equal attention from the physician and the community.

The mystery with which it is enshrouded, and the fatality which attends it, render facts calculated to alleviate it of its inhumanity, of interest to all.

Its contagiousness is still under consideration, and cannot readily be solved in cities where there are so many ways of communication, and exciting causes of disease. In smaller towns, special cases are more readily traced, and afford more reliable facts upon which conclusive data can be founded.

The following case I deem of sufficient importance to the profession to present it through the REPORTER, and it may perchance be a link in the chain of evidence, proving the non-contagiousness of cholera.

On the 11th of June, Martin Hardenberger, of Cattaraugus county, New York, arrived in Williamsport, Pa., on the 6.30, P. M., train, direct from New York city. He retired at 9, P. M., in ordinary health, as far as known, without his tea. At 2, A. M., on the morning of the 12th, he made an alarm, and at 4 o'clock the physician of the house was called in. At 8½, A. M., Dr. J. S. CRAWFORD was called in consultation, and found him vomiting and purging, with cramps, and a lividity of the entire skin, especially of the extremities, which were of a plum color, cold as ice to the elbows and knees, pulseless, with cold respiration, and cold tongue; cold, clammy sweat, with huskiness of the voice, scarcely able to articulate, incessant thirst, and shriveled condition of the skin, engorgement of the blood-vessels of the conjunctiva, and hippocratic countenance. The dejections of the stomach and bowels were as

colorless as rice-water, with a few flocculæ floating in it. When applied to the sheets it did not stain them, or cause a perceptible odor.

The cramping of the muscles and the evacuations of the stomach ceased at 10, A. M. At 1, P. M., a feeble attempt at reaction occurred, which was transient. After 3 o'clock, deglutition and articulation were entirely suspended, and he was unconscious till he died, at 9, P. M.

The most of our prominent physicians saw the case frequently during the day. He was surrounded by the family of the landlord and the attendants of the hotel. There was no attempt made at isolation. The excrements and bedding were buried, but his carpet-bag and papers were preserved for his friends, and thirty-six hours after interment, he was exhumed by request of friends, on account of identity. With all this exposure, there has not been one case of cholera or choleraic diarrhœa to the present time in this city.

If cholera is so exceedingly contagious, is it not strange that in a case so well marked, in a town of over 12,000 inhabitants, during the heated term of June, there should not be some evidence of its contagiousness? Especially as there has been an unusual amount of disturbance of the mucous membranes of the alimentary canal during the past winter and spring, causing more diarrhœa and cholera-morbus than is generally found at the present time.

This excessive irritability of the mucous membranes leads us to believe that the atmosphere has been for some time impregnated with choleraic malaria, and that if, from want of sanitary precaution, a sufficient amount of choleric malaria is generated, we have cholera, when the cholera sporules are brought into our midst or not, just as we are hygienically situated.

B. H. D.

Williamsport, Pa., 3d August, 1866.

Case of Aphonia.

EDITOR MEDICAL AND SURGICAL REPORTER:

Allow me briefly to present the notes of a case which came under my observation a few days ago, which, if you deem worthy, you will please assign a place in your valuable journal.

Mrs. S. W., æt. 30, of nervo-sanguine temperament, applied at my office with complete loss of voice, which she said dated back seven weeks. On examination, the fauces and larynx presented nothing abnormal. No pain, not even tenderness. Lungs apparently healthy. No cough. On requesting her to speak, she would make the effort, but could produce nothing above a faint

whisper. Never had hysteria, but being of a nervous organization, I hesitatingly pronounced it a case of nervous aphonia, being only functional in its nature. Accordingly she was prescribed ten drops of tinct. ferri chloridi every four hours, with pulv. cubebæ, gr. x., dry on the tongue, thrice daily, and directed to apply small blisters to the region of the larynx, and the galvanic current, one pole directly over the laryngeal muscles, with the other to the nape of the neck.

Four days after the above treatment was persisted in, I had the satisfaction to find my patient's voice perfectly restored.

The case is important, in showing how obstinately it resisted all attempts at treatment with iodine and its salts, by her previous medical attendant.

A. P. FETHEROLFF, M. D.

Litzenberg, Pa., 7th mo., 27th, 1866.

Twins with one Placenta, two Cords, and one Set of Membranes.

EDITOR MEDICAL AND SURGICAL REPORTER:

At 2, P. M., July 22d, while I was engaged in reading, and had just completed the first paragraph of Dr. B. F. REYNOLDS' letter respecting a case of "Twins with one placenta, two cords and one set of membranes," published on page 24 of the MEDICAL AND SURGICAL REPORTER, for July 7th, 1866, I was hastily summoned to see the wife of George M., (Freedman,) at No. 62 Charlotte street. On arriving at the house, I found the patient a young, strong, and healthy woman, about twenty years of age. She supposed herself to be about six and a half months advanced in pregnancy; had been in labor since daylight; liquor amnii (which was very profuse, two buckets full, the nurse declared,) had been discharged at one gush, between seven and eight, A. M., since which time the pains had gradually decreased in strength and frequency, and now recurred very feebly, almost imperceptibly, about every twenty or thirty minutes.

Examination per vaginam showed the parts cool and moist, the os easily dilatable, and the vertex of a small child presenting. Auscultation could discover no placental souffle, or beating of the foetal heart. The mother said she had felt the movements of the child up to the night before her labor-pains commenced. I administered wine of ergot f.3j, and ten minutes after repeated the dose, upon which she immediately fell asleep, and slept soundly for forty minutes, when she was suddenly aroused by a recurring pain, which being once or twice repeated, she soon expelled an apparently healthy, perfectly formed, and

well-developed male child, which however showed no signs of life. This was soon followed by a second foetus, (precisely similar in size, sex and features,) together with a single placenta, one amnion, one chorion, and two cords; the placenta, if anything, rather smaller than ordinary, having the two cords attached equidistant from its circumference, and about four inches apart. I have the foetuses, together with their anomalous and interesting appendages, now preserved in alcohol in my office.

Very respectfully,

JOHN L. ANCRUM, M. D.

Charleston, S. C., July 26, 1866.

Case of Hysterical Delirium.

EDITOR MEDICAL AND SURGICAL REPORTER:

Miss Lizzie C—, good constitution, generally enjoys good health, regular in her menstruation. Has been reading recently a good deal of light literature. Resides, temporarily at a short distance from the city. Came to the city on Thursday, May 3d, to see her father, when she lost her way, after which, her friends said she acted strangely.

Friday, May 4th. Called suddenly to see her. Found her lying on the sofa, complaining of pain in the head and back, and quite delirious, recognizing no one. She was menstruating at the time, discharge less than usual, and just about leaving her the day she was taken ill.

From the suddenness of the attack, the great nervous agitation, rolling of the eyes, chills, evidently nervous, occurring from time to time, expectoration of a frothy mucus mixed with blood, and considerable tenderness along the spine and over the abdomen, I was inclined to regard the case as a purely hysterical one, and so expressed myself to the family.

Prescribed elix. valer. ammon. and a purgative injection. Saw her again in the evening, condition still the same; ordered one leech to each temple; in this, yielding to the urgent solicitations of the family, who regarded the delirium as indicating congestion; no effect produced however.

May 5th. Had slept very little during the night, still the same boisterous delirium; applied counter irritants to the spine, chloroform liniment to the back of the neck, ice to the head, and same treatment internally, with the addition of elix. cinchona.

She continued in about the same condition, although occasionally recognizing some members of the family, for a little while only, until the Thursday following, when she became rational at

times during the day. Since that time she has been improving slowly, although still very weak physically and mentally.

At the present time, July 28th, she is perfectly well in every respect.

The interest in the above case arises from the fact that the delirium lasted so long, and resulted in so slight an impairment of the intellect, which one would have supposed would have been permanently affected. ROSS R. BUNTING, M. D.

Roxborough, Pa., July 29th, 1866.

Treatment of Cholera.

EDITOR MEDICAL AND SURGICAL REPORTER:

As the treatment of cholera is not so thoroughly defined by the profession as to be either specific or stereotyped, I desire to suggest a method in which a limited experience has proved satisfactory, and which commends itself to me as better than any course at present adopted.

Give the patient five drops each of laudanum, camphor, and chloroform, in a teaspoonful of sweet oil or melted lard, every fifteen minutes, if the vomiting or purging is as frequent as this, and if not, give it after every dejection. As far as possible, give the mixture just after the vomiting.

As a drink, let the patient use a solution of muriate of ammonia. My plan is just to dissolve the hard salt in a tumbler of water, and allow its use almost at pleasure, varying its strength according to the degree of prostration and of thirst. From one to three drachms may thus be used each hour, in severe cases. Of course, the use of dry heat, sinapisms, and all means of sustaining the circulation in the capillaries is not to be omitted. Where the diarrhoea is a far more prominent symptom than the emesis, injections of brandy and green tea will be of service. Some of these remedies are old, and muriate of ammonia is used by the Germans for almost everything, but I am sure that this mode of employment will be found of service.

I give laudanum, etc., in small doses, to obtain its stimulating effect. I will enlarge on this point at some future time. I believe, with JOHNSON, that oil is good, but not because it is a cathartic. It is well thus to protect the disturbed epithelium.

I desire all who are not satisfied with their present treatment, to try this in decided cases, and before hopeless collapse, and report to you as to its value.

II.

— Dr. VIALLET urges the necessity of establishing a school of midwifery (for midwives) in each of the Departments of France.

News and Miscellany.

University of Vermont.

At the commencement of the University of Vermont, held at Burlington on the 1st and 2d inst., the following gentlemen received the degree of Doctor in Medicine:

Edwin W. Bartlett, Eugene A. Benton, Joseph H. Birdseye, Jas. H. Blodgett, Archibald W. Burns, Rufus K. Clark, J. Wesley Copeland, Harris Fellows, William H. Giddings, James Y. Godfrey, Frank W. Graves, Joel Grover, Charles J. Harder, James C. Harmon, Lewis H. Hemenway, Seneca T. Hyde, Erasmus K. Kent, Enoch W. Kent, George H. Kenyon, Jedediah S. Kingsley, William V. Kirk, Brame E. Lengfeld, John P. Martin, Harrison C. Moore, Frank W. Page, Francis L. Peiro, William H. Revois, Gary W. Reynolds, Stephen M. Roberts, Edward P. Russell, Frederick W. Seward, Robert F. Spier, Adelbert H. Tagert, Lloyd P. Fogue, Seymour S. Wilbur.

Dr. WILLIAM KENNEDY, of New Orleans, reports the following extraordinary case in the *Southern Journal of the Medical Sciences*. Dr. BRICKELL, one of the editors of the *Journal*, expresses the opinion that the foetus could not have been more than one hundred and forty to one hundred and forty-five days old at birth.

Early Viability of the Foetus—Extraordinary Case.

In 1845, Mrs. A. B., primipara, suffered, as she thought, during one whole night with colic. I saw her next morning, when I recognized that she was in labor, which had progressed so far that I made no attempt to arrest it. Within a half hour after my arrival she gave birth to a foetus. It was not more than eight inches long, and was as red as a piece of raw beef. True dermoid tissue could not be said to be organized, its general investiture being so delicate a membrane, as it were, that the eye could look through it on the tissues beneath. The eyes were still closed; there were no traces of cilia or supercilia; its chest was about two inches broad; the arms and legs were very slender, and the toes and fingers devoid of any traces of nails. The head was about the size of a small orange. The respiration was so feeble as scarcely to be perceptible, and not a sound was uttered after birth. I was almost afraid to handle it, as I could not divest myself of the idea that the slightest pressure of the fingers of would thrust them into the soft, red, jelly-like mass before me. When I raised it from the couch, and laid it in the length of my left hand, the head lay on the convexity of my flexed fingers, the chest and breech in the palm, and the feet reached almost an inch beyond the wrist.

I wrapped it carefully in batting, and carefully attended to maintaining a proper surrounding temperature. It was fed drop by drop with sugar and water every four or five minutes; and later,

when the mother could supply it with milk, half a teaspoonful was given every half hour or hour. Within three weeks after birth it had a mild attack of trismus. During treatment I gave it frequent baths in a tumbler. The period of infancy was one of the most stormy I ever saw. Hydrocephalus, cholera-infantum, measles, diarrhoea, are some of the many affections it suffered from during that time, and up to three or four years of age. When last I saw him he was a fine healthy boy of twelve years, and gave promise of a vigorous manhood.

I should have been pleased to have furnished a more accurate account of this case. The importance of the subject demands it. But my notebook, carefully preserved during many years of arduous practice, and which I hoped, in my declining days, to make useful to my brethren, through the medium of the press, has, like my library and every vestige of household material, passed from my possession under the ruthless hand of destructive war.

Pension Examining Surgeons.

The following are recent appointments:

Illinois—Dr. GEO. L. LUCAS, Peoria.

Minnesota—Dr. J. B. LE BLOND, Brownsville.

Missouri—Drs. HENRY J. CHURCHMAN, Chillothe; GEO. W. FARRAR, Ironton.

New York—Dr. ALFRED EDELIN, Corning.

Wisconsin—Dr. A. J. WARD, Madison.

Where Female Sex Prevails.

Some curious statistics have just been published, with respect to the population in France. It appears that the females numbered 18,741,037, and the males 18,645,276, forming altogether 9,054,030 families. There exists 5,009,120 boys under age, and 6,106,321 girls. Of 8,579,046 unmarried persons, there are 4,479,850 females. There are 931,023 widowers, and 1,790,126 widows. Of the widowers 81 are 20 years of age, and there are 820 widows of the same age. France possesses, at this moment, 1,529,154 girls of from 15 to 20 years of age, and 1,308,366 boys of the same age. The greatest examples of longevity are supplied by females. We find three females out of four unmarried persons who have reached the age of 105, and two widows who have passed that age. 17,371 French men, and only 13,409 French women, have lost their sight; 12,447 French men, and only 9,509 French women are deaf and dumb; 22,319 French women have become insane, and only 2,372 French men. (?) There are 23,407 male idiots; and only 18,118 female idiots. The female sex prevails in France, while it has constantly decreased in the city of Vienna, since the year 1830, in the proportion of three-hundredths every six years.

—PROFESSOR PROCTER, the editor of the *American Journal of Pharmacy*, has resigned the chair of Theory and Practice of Pharmacy, which he has filled for twenty years at the Philadelphia College of Pharmacy. The students have presented to him a splendid tea-service as a testimonial of their appreciation of his long services and eminent acquirements.

Army and Navy News.

ARMY.

The following is Section 17th of the Army Bill passed by Congress during the last hours of its late session:

SEC. 17. *And be it further enacted*, That the Medical Department of the Army shall hereafter consist of one Surgeon-General, with the rank, pay and emoluments of a brigadier-general; one Assistant Surgeon-General, with the rank, pay and emoluments of a colonel of cavalry; one Chief Medical Purveyor and four Assistant Medical Purveyors, with the rank, pay and emoluments of lieutenant-colonels of cavalry, who shall give the same bonds which are or may be required by assistant paymasters-general of like grade, and shall, when not acting as purveyors, be assignable to duty as surgeons by the President; sixty Surgeons, with the rank, pay and emoluments of majors of cavalry; one hundred and fifty Assistant-Surgeons, with the rank, pay and emoluments of first lieutenants of cavalry for the first three years' service, and with the rank, pay and emoluments of captains of cavalry after three years' service; and five Medical Storekeepers, with the same compensation as is now provided by law; and all the original vacancies in the grade of assistant-surgeon shall be filled by selection by examination from among the persons who have served as staff or regimental surgeons or assistant-surgeons of Volunteers in the Army of the United States two years during the late war, and persons who have served as assistant-surgeons three years in the Volunteer service, shall be eligible for promotion to the grade of captain. And the Secretary of War is hereby authorized to appoint from the enlisted men of the Army, or cause to be enlisted, as many hospital stewards as the service may require, to be permanently attached to the Medical Department, under such regulations as the Secretary of War may prescribe.

NAVY.

List of changes, etc., in the Medical Corps of the U. S. Navy, for the week ending August 4th, 1866.

Surgeon T. Dillard, detached from Navy Yard, Philadelphia, and placed on "waiting orders."

Surgeon L. J. Williams, detailed for duty at Navy Yard, Philadelphia.

Surgeon A. S. Oberly, detached from Navy Yard, New York, and ordered to duty at Naval Station, Mound City, Ill.

Past Ass't-Surgeon J. S. Knight, detached from Naval Station, Mound City, Ill., and ordered to duty on board the U. S. Ship "Mohican."

Ass't-Surgeon J. M. Flint, detached from the Naval Academy, and placed on waiting orders.

Ass't Surgeon Wm. F. Terry, detailed for temporary duty at Washington, D. C.

Ass't-Surgeon F. Kreeker, detached from Naval Hospital, New York, and ordered to duty on board the U. S. Ship "Jamestown."

Ass't-Surgeon Wm. H. Coles, detailed for duty at Naval Hospital, New York.

Acting Ass't-Surgeon Edgar A. Dulin, detached from the U. S. Ship "Pampero," and placed on "waiting orders."

Acting Ass't-Surgeon Alex. McKenzie, detached from Naval Hospital, Pensacola, and granted leave of absence.

Acting Past Ass't-Surgeon T. V. Greene, detached from Navy Yard, Washington, and detailed for temporary duty at the Naval Laboratory, New York.

MARRIED.

MONTGOMERY—JORDAN.—In Manayunk, Philadelphia, on the 31st of July, at the residence of the bride's father, by Rev. David Spencer, Dr. William V. Montgomery, of North Carolina, and Miss Annie L., daughter of Mr. John Jordan.

STORER—WADDLE.—July 24th, by Rev. L. Grier, John H. Storer, M. D., and Miss Sue L. Waddle, all of Ohio county, West Va.

DIED.

PARSONS —In New York, July 30, Grace only child of Dr. R. L. and Helen L. Parsons, aged 1 year and 12 days.

ANSWERS TO CORRESPONDENTS.

Dr. W. McK., *Mt. Hope, Ohio*.—Trocar and Canula, sent by mail, 3d inst.

Dr. T. H. D., *Chest Springs, Pa.*—Uterine Speculum, and Lallemand's Porte Cautique, sent by express, 3d inst.

Dr. A. R. B., *Petersburgh, Ind.*—Two copies, Microcosm, sent by Mail, 27th ult.

Dr. V. L., *Evansville, Ind.*—Microcosm, sent by mail, 27th ult.

Dr. R. C. M., *New Buffalo, Pa.*—Flint's Practice, and Hartshorne on Cholera, sent by Express, 27th ult.

Dr. S. B. C., *Walkertown, Ind.*—Ear-trumpet, sent by express, 3d inst.

Dr. W. G., *New Geneva, Pa.*—History Am. Med. Association, sent by mail, 23d ult.

Dr. W. P. R., *Worm Market, Tenn.*—Cautery irons, sent by express, 3d inst.

Dr. A. J., *Burg Hill, Ohio*—Flint's Practice, Roberts on Urinary Diseases, Winslow on Diseases of Brain, Brinton on Stomach, Bumstead on Venereal, Budd on Liver, and Da Costa's Medical Diagnosis, sent by express, 27th ult.

Dr. H. G. P., *New Berlin, N. Y.*—Pill machine, and Churchill's Midwifery, sent by express, 26th ult.

Dr. N. S. H., *Blakesburg, Iowa.*—Tenotome, sent by mail, 26th ult.

METEOROLOGY.

July,	23,	24,	25,	26,	27,	28,	29.
Wind.....	N. W.	S. W.	S.	S. W.	S.	S. W.	N. W.
Weather.....	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.
Depth Rain.....			Shw'r.			Shw'r.	
						T. & L.	
						9-10	
Thermometer.							
Minimum.....	67°	62°	63°	61°	65°	67°	65°
At 8 A. M.....	77	73	75	72	75	78	72
At 12 M.....	82	84	86	83	85	87	83
At 3 P. M.....	84	85	88	84	86	88	84
Mean.....	77.50	76.	78.	75.	75.75	80.	76.
Barometer.							
At 12 M.....	29.9	30.1	30.1	30.2	30.1	29.9	29.9
Germanstown, Pa.							
B. J. LEEDOM.							

AMERICAN MEDICAL ASSOCIATION.

The Committee on PRIZE ESSAYS request that all communications to be submitted to them, be sent to their Chairman, before the 15th day of March, next, accompanied by a sealed envelope containing the name and address of the author.

The Association offers two prizes of one hundred dollars each for the best two essays on any subject connected with the Medical Sciences.

F. DONALDSON, *Chairman.*
W. CHEW VAN BIBBER.
JOSIAH SIMPSON.
EDWARD WARREN.
C. C. COX.

Baltimore, June 25, 1866.

N. B.—Medical Journals will please insert the above.

490—3t.

SUMMER SCHOOL
OF
MEDICINE.

No. 920 Chestnut Street, Philadelphia.

ROBERT BOLLING, M. D., JAS. H. HUTCHINSON, M. D., H. LENOX HODGE, M. D.

EDWARD A. SMITH, M. D., D. MURRAY CHESTON, M. D.,

HORACE WILLIAMS, M. D.

The Summer School of Medicine will begin its second term on March 1st, 1866, and students may enjoy its privileges without cessation until October.

The regular Course of *Examinations and Lectures* will be given during April, May, June, and September, upon

ANATOMY,

SURGERY,

CHEMISTRY,

PHYSIOLOGY,

OBSTETRICS,

MATERIA MEDICA,

PRACTICE OF MEDICINE.

The subjects will be studied by the aid of Specimens, Manikins, Demonstrations, and Clinical Examinations of Patients.

Students will be given access to the Pennsylvania, Episcopal, and Children's Hospitals. The employment of the Microscope, and the microscopic appearance of the tissues and fluids in health and disease, with the chemical tests and reactions, will also be taught.

FEE, \$50.

SURGERY.

A Course of Lectures on SURGICAL DIAGNOSIS will be delivered by Dr. H. LENOX HODGE, during April, May, June, and September, at the Summer School of Medicine, No. 920 Chestnut Street, Philadelphia.

The history, causes, symptoms, and pathology of Surgical Diseases and Injuries will be carefully studied, and the means of recognizing and treating such disorders distinctly taught.

Instruction will be given in the use of the Microscope, Ophthalmoscope, Otoscope, Laryngoscope, Endoscope, and other specula; in Percussion and Auscultation, and other means now employed for physical examination.

FEE, \$10.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, and in Practical Obstetrics. They will be enabled to examine persons with diseases of the Heart and Lungs, and to attend women in confinement. The class rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text-books, etc., will be constantly open for study.

The Winter Course of Examinations will begin with the Lectures at the University of Pennsylvania in October, and will continue till the close of the session.

Fee for Office Students (one year), \$100.

Fee for one Course of Examinations, \$30.

Class Rooms, No. 920 Chestnut St., Philadelphia.

Apply to

H. LENOX HODGE, M. D.,

479—530

N. W. corner Ninth and Walnut Streets.

THE MEDICAL AND SURGICAL REPORTER.

No. 494.]

PHILADELPHIA, AUGUST 18, 1866.

[Vol. XV.—No. 7.]

ORIGINAL DEPARTMENT.

Communications.

CASE OF RUPTURE OF THE UTERUS.

By JOHN L. WHITE, M. D.,

Of Jerseyville, Illinois.

Read before the Jersey Co. (Ill.) Medical Society.

Mrs. D—, a woman of 44 years of age; mother of eight children. She is rather above medium size, and generally of robust health and appearance, though some year and a half ago she had a very severe attack of erysipelas, and for weeks her physician and friends despaired of her life, and were in fact in daily expectation of her death. Since that time, however, she has appeared perfectly well, though she herself says she has been conscious that she was not so. I was called to see her on Thursday morning, June 7th; found her in bed, at full term of pregnancy, having some pains, which she reported as having existed all through the night; had had some "show" for five or six hours, and there had been some discharge of the "waters;" said the pains did not seem to do her any good. Upon examination I found the os uteri open, so as readily to admit one finger, and felt with some difficulty what I made out to be the occipital protuberance; pains were not bearing down at all. I gave it as my opinion that she would not be through before evening, and asked leave to go home, which she refused, saying that when pains came on right she was always over it in a few moments, and as they lived some seven miles from town, she would be unable to get any one in time; and furthermore, that she felt as though there was something wrong. I consented to remain, and by conversing with her I ascertained that nearly all through her pregnancy she had felt herself unable to perform any manual labor, and had complained constantly of soreness, and, as she expressed it, of a feeling as though she "should burst" in the right hypogastric region. She said that on one occasion she went to the wood-pile, a

few steps from the house, and picked up three sticks of stove-wood, but was obliged to throw them down before reaching the house. I pressed my hand on the region complained of, and though she shrank somewhat, I did not think there was any very unusual tenderness, and quieted her fears as best I could, assuring her all would be right. This was perhaps six o'clock, A. M.

I now went out, directing that I be called when needed, and amused myself about the place till about ten o'clock, when they called me in. Found her having what we call a good pain; made an examination, and, somewhat to my surprise, found the back of the child presenting—os pretty well dilated; would have readily admitted three fingers. While deliberating with myself whether to immediately attempt turning or not, there came on a pain, and the back slipped along over the end of my finger, and in less time than I have been telling it, my finger was in the anus of the child, where I allowed it to remain till another pain came on—say two or three moments—which brought the buttocks down into the inferior strait, and in fact separating the labia majora. I now found there were presenting themselves to the world the buttocks and one foot; took hold of the foot and made gentle traction, when directly another pain came on, and the pelvis and one leg were born. I then hooked my finger over the groin of the other leg and pulled it down, the patient making no complaint. Up to this time I had been using my right hand only; I now took hold of the legs of the child with my left hand—the woman lying on her back—lifted them, made gentle traction, and separated labia with two fingers of right hand, to be prepared to admit air as soon as possible for the child to breathe, in the event of its being alive, which, however, I did not think probable from the indications, and from the fact that no motion had been felt for twenty-four hours. Some four minutes now elapsed before another pain came on, and during the interim I directed an attendant to give a drachm and a half of wine of ergot, which is my usual custom just before the completion of labor, as a safeguard against subsequent hemorrhage. Immediately on the coming on of a pain, child and placenta were both expelled with considerable

violence; child dead, and placenta considerably diseased. It was not more than two-thirds the usual size, quite friable; in places nearly or quite disorganized.

While examining it I cast my eye to the face of my patient, and noticed that strange expression all have probably witnessed, but which it is hard for pen to portray, indicative of some very serious trouble. I supposed she was flowing, and immediately passed my hand into the vagina, and as I passed it on up I soon found, instead of being in the uterus, I had the fundus of that organ in my hand; or, in other words, my hand was in the abdominal cavity. My readers can perhaps imagine my feelings. I only hope no one may ever experience them. It seemed at first as though the vagina was torn entirely away from the uterine neck in two-thirds its circumference, but a more careful examination revealed this state of things: the neck of the uterus was ruptured on the right side, to the extent of two or three inches, and the vagina was torn down in about one half its length. There was also considerable flowing; but on introducing my hand into the ruptured uterus, it contracted with such force as to be quite painful to my hand, which I withdrew, and began to examine into the general condition of my patient. The extremities were cool, and the pulse was hardly perceptible at the wrist. Gave camphor, which was the only stimulant at hand; applied the abdominal bandage as firmly as possible; enjoined absolute quiet in the position in which she then was, viz., on her back, a little inclining to the left side, and went out to communicate to her husband the state of affairs. I told him as nearly as I could the true condition of his wife, and expressed the opinion that she must die, and requested that he send immediately for Dr. BRINGHURST, which he did, and the Doctor arrived about 3 o'clock, P. M., to aid and encourage me. In the meantime I had been using frequently and freely stimulants, and on his arrival the pulse was easily felt, the patient presenting the general appearance of one who had sustained a severe shock to the system, in which reaction had not yet fully taken place. The Dr. made an examination, and the first thing his hand came in contact with was a fold of intestine, which he pushed up out of the way, and verified my diagnosis of the injury. We then upon consultation concluded to put the woman on her left side, inclining over on to her face; enjoin perfect rest in that position, as it would tend to prevent the passage of any more fluids into the abdomen; crowd stimulants till reaction fully came on, and trust to nature for a cure; not,

however, feeling much confidence in even her power to produce the so earnestly desired result.

Mrs. D. was now informed of the exact condition of her case, in order to secure her intelligent co-operation in maintaining absolutely the position in which we had placed her. Opiates were directed to be given whenever necessary, to secure perfect quiet and freedom from pain, and the case was left for that day, with the additional instructions to preserve as perfect cleanliness as possible, and to keep clothes in close contact with the person, so as to prevent the admission of atmospheric air.

June 8th. Found her feeling tolerably comfortable; complaining only of weakness, some soreness and tenderness of abdomen; no tympanitis; pulse 120, quite feeble; some lochial discharge. Had maintained strictly the position in which we had placed her; had passed urine on cloths without difficulty; had taken freely of brandy and beef tea, and about one grain of morphia, and was in much better condition than I expected to find her. Treatment continued, with addition of one drachm of saturated solution of chlorate of potassa every four hours.

June 9th. No particular change in condition or treatment.

June 10th. By previous appointment, Dr. BRINGHURST again saw the patient with me. Bowels much distended and tympanitic; very considerable tenderness on pressure; tongue with a heavy coat; pulse 124, still feeble; no dejection since confinement; about the normal amount of lochia. Gave enemata of soap suds, with a few drops of turpentine. Gave by mouth turpentine emulsion, and 20 grains of bisulphate of soda every two hours, till five doses were taken. Brandy and beef tea as required. On this visit vaginal examination revealed this condition: Wound of uterus seemed to be closed; edges of vaginal wound turned in toward vagina, and raised, I should say, about one-eighth of an inch, so that serous surfaces were brought directly in contact, and the raised edges prevented vaginal contents from flowing into the abdominal cavity. Rent in vagina would have admitted the passage of three fingers. Mrs. D. complained of being so strictly confined to one position, and we allowed her to turn nearly on her back.

June 11th. Feels much more comfortable. Had two or three good dejections; less tympanitis and tenderness; pulse still 124, and feeble; tongue better; general appearance much better.

She seemed cheerful, and was inclined to laugh and joke. From this time on to June 15th, there was a gradual and regular improvement of all the symptoms. Pulse lessened in frequency to 94; abdomen become soft, and free, or nearly so, from tenderness; lochial discharge quite offensive. On this date there commenced a discharge of healthy-looking pus, amounting to about three ounces in twenty-four hours, which continued for three or four days, gradually lessening in quantity. Made an examination on Sunday, June 17th. Wound very much contracted, and seemingly, union has taken place in its whole extent. Did not deem it prudent to make much pressure. The shape of the wound in the vagina has changed, so that it now seems to be as much across as in a line with the vagina. Allowed her to move about the bed as much as she wished. Without detaining your readers with a daily account of the case, I will say she steadily improved, took a generous diet, kept the bed until June 30th,—twenty-three days from receipt of the injury,—when she sat up for an hour, and informed me that “she was well, only a little weak.” She is now (July 12th) about, and is, I believe, well, though I have made no vaginal examination since about June 30th. There is but little, if any, discharge.

This case is a new one to me, and to all with whom I have had any opportunity to converse; nor am I able to find on record a very similar case; my library, however, is not large, and it may not be so uncommon as I have been led to imagine. What was the condition of the uterus, of course, can only be conjectured. The placenta was very considerably diseased, and I am forced to believe there was softening of the uterine parietes. The child, however, was of full average size; was plump, and had evidently been well nourished up to the time of its death, which, from appearance, could not have taken place more than twenty-four hours prior to the coming on of labor. The pains were at no time unusually severe, and there was no manual interference with the labor other than I have given above, hence I conceive the rupture and laceration would have been utterly impossible had the parts been healthy; still a very considerable degree of vitality must have existed, otherwise so rapid and complete a recovery could not have taken place. I confess to be unable to comprehend it myself, and am hoping to receive light from some one more gifted than myself. I am confident there was quite a large amount of blood passed into the peritoneal cavity. In what manner this has been, or is to be disposed of, is again beyond my knowledge. The case has taught me one lesson, viz., to place more confi-

dence in the natural recuperative energy of the human system, and I am almost ready to say I will never despair, however grave an organic lesion I may hereafter be called upon to witness. It seemed to me that death was inevitable, and that no matter how free from fault I might be, I should be looked upon as the humble instrument that had produced the fatal result. The shaft, however, was turned aside by some kind interposition, for which I am truly thankful; and I am induced to report the case, thinking it may relieve some one from a part of the embarrassment under which I labored, should any of your readers be so unfortunate as to meet a similar case.

VESICO-VAGINAL FISTULA:

Its History and Treatment.

By D. HAYES AGNEW, M. D.,

Demonstrator of Anatomy and Assistant Lecturer on Clinical Surgery in the University of Pennsylvania; one of the Surgeons of the Pennsylvania Hospital; and one of the Surgeons of the Wills Hospital for Diseases of the Eye.

(Continued from page 117.)

Dr. Sims' Operations.

Position of the Patient. A table is selected, 2½ by 4 feet, covered with folded comfortables; on this the patient is placed, resting on her elbows and knees, the latter separated six or eight inches, the pelvis being elevated, and the shoulders depressed. An assistant on either side placing a hand in the fold between the nates, the fingers extending quite to the greater labiæ, simultaneously draw them asunder. The viscera gravitating toward the thorax, and the air rushing into the vagina on the separation of the walls of the vulva, distend the canal so as to offer a very complete interior view. To increase its capacity for a more thorough exploration, the SIMS speculum (Fig. 5) is next introduced, and drawn back to-

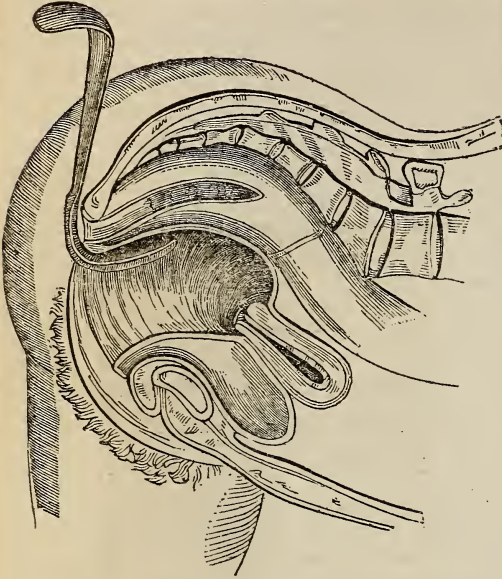
FIG. 5.



Vaginal speculum similar to SIMS'—BOZEMAN'S pattern.

ward the sacrum by one of the assistants. (Fig. 6.)

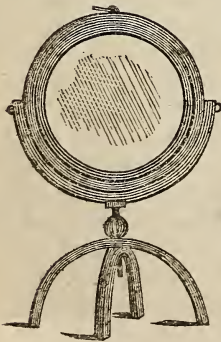
FIG. 6.



Exhibits the speculum in situ, with the relative position of the organs.

If the illumination is not sufficient, a mirror (Fig. 7) may be used to reflect the light into the canal.

FIG. 7.

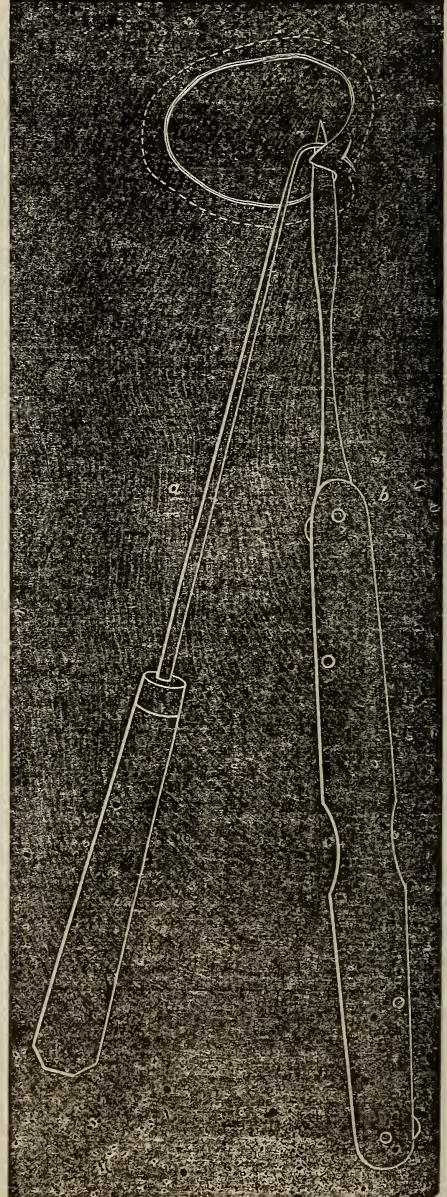


Mirror to throw the sunlight into the vagina.

Paring the Fistula. For this purpose, a small sharp hook, or tenaculum, is passed into the circumference of the fistula, and while thus brought into proper position, and made sufficiently tense

a long, sharp-pointed bistoury is applied (Fig 8) vesical mucous membrane concealed the margin of the fistula, interfering with its proper management, a soft sponge should be passed through the opening into the bladder, and allowed to remain until the stitches are ready for adjusting. To remove the blood from the parts during the freshening of the parts. The lining membrane of the bladder he does not disturb, unless it pro-

FIG. 8.



Tenaculum fastened into the fistula, and the bistoury applied to its circumference.

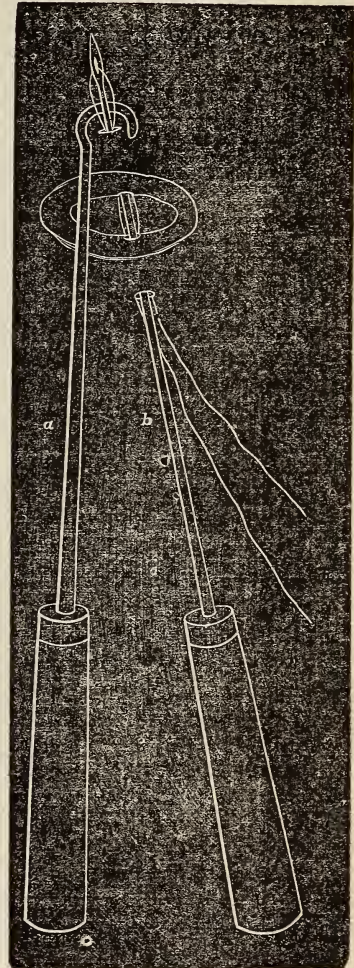
trudes through the opening in excess. When the fistula was very small he hooked the tenaculum through both sides, and raising it up, cut out a circular portion with the bistoury. During the operation, little mops (Fig. 9) should be on hand. These are readily made by securing small bits of sponge to whalebone or rods of wood.

Application of the Clamp Suture. This may be divided into three stages: the introduction of the silver wires; the attachment of the clamps; and the approximation of the wound, with the securing of the apparatus.

First. Introduction of the Sutures. In the execution of this he passed a silk thread through the eye of a long, awl-shaped needle (Fig. 10), and

across the wound, and bringing it out half an inch above the raw margin of the opposite side; taking care not to include the mucous membrane of the bladder. As the needle passes through the distal side, the tissues will require support, that they press not away from the instrument; and thus counter-pressure is supplied by a blunt hook behind the needle (Fig. 11.)

Fig. 11.

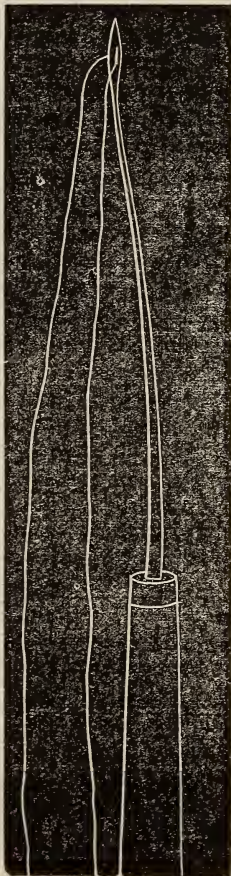


The blunt hook between the needle and tissue to favor its passage.

Fig. 9.



Fig. 10.



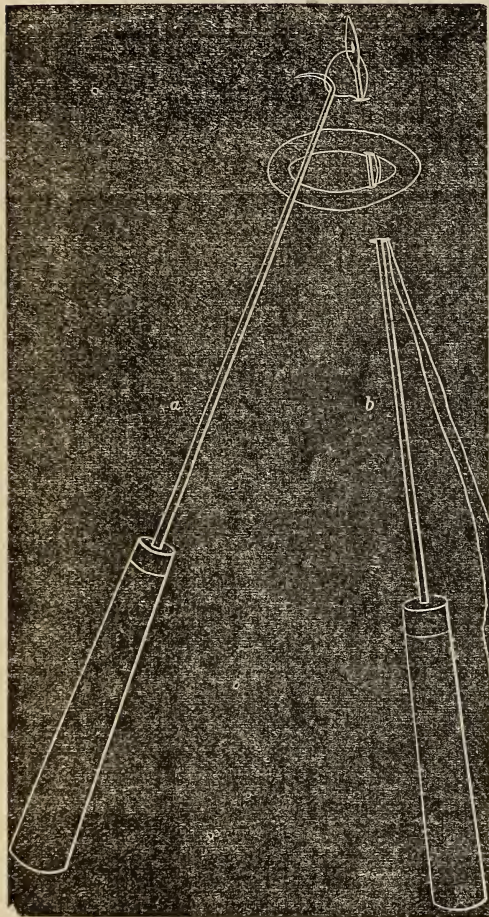
A sponge mop.

Needle for passing sutures.

entering it half an inch from the freshened edge of the opening, carried it downward, and forward,

As soon as the needle emerges, and the thread comes fairly into view, a long tenaculum is hooked into the loop, and one end drawn through (Fig. 12),

FIG. 12.

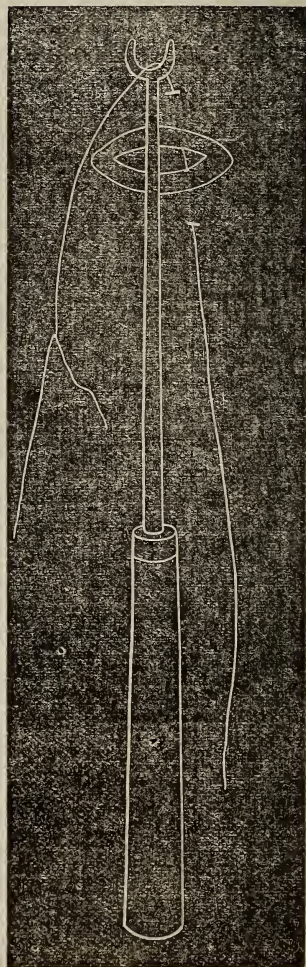


Exhibits the tenaculum drawing the thread through.

after which the needle is withdrawn, leaving the suture in its track. In this manner the requisite number of threads are deposited across the wound. The next step consists in substituting the silver threads for the silk, which is readily accomplished by binding the end of the former into a crook or link, and making fast to it the distal end of the latter. By drawing on the proximal end of the

thread the wire is towed into its place; the threads being only designed to favor the insertion of the wires. In this process a difficulty very naturally occurs, that of the thread, or the wire as it may be, cutting into, or even tearing out of the tissue, on the distal side of the wound, as they are pulled upon. To counteract this he employs a crescent-shaped fork to push the suture above the orifice while traction is being made (Fig. 13.) The silver sutures being all passed,

FIG. 13.

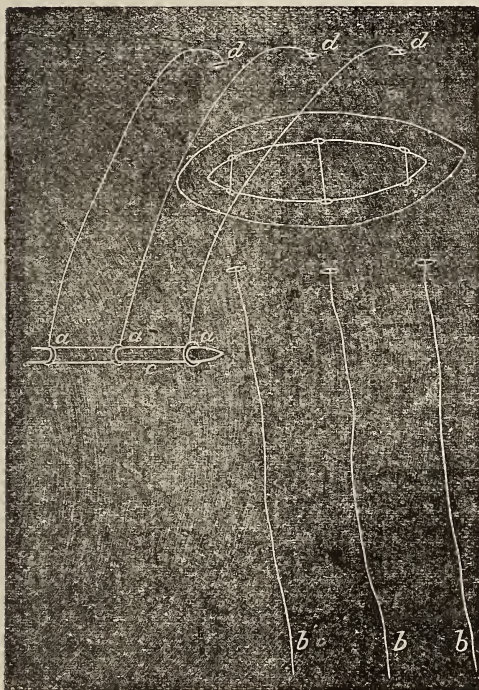


A silver thread secured to the silk one, with the fork in situ to favor the passage through the upper puncture.

the second stage of the process consists in the

Attachment of the Clamps. Two little bars of silver or lead, a trifle longer than the fistula, are perforated with a number of holes, corresponding to the number of sutures. Through these the upper end of each wire is passed, and fastened by winding it about the bar, or passing it through a shot. (Fig. 14.) This completed, the lower

FIG. 14.



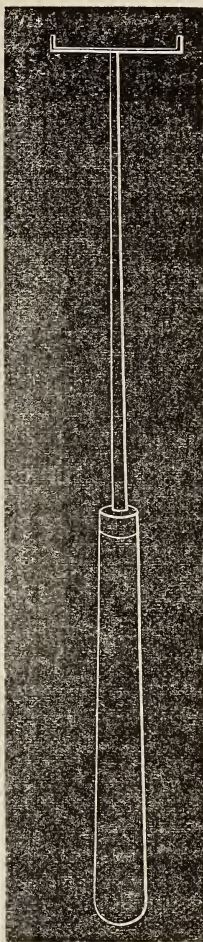
Upper clamp attached.

ends of the wires are drawn upon, when the clamp will be carried into the vagina, and take its place above and parallel with the upper border of the wound. During this adjustment, a fork of another kind (Fig. 15) is used as a pulley, to prevent the wires cutting into the flesh. In the same manner, the other ends of the wires are passed through the second clamp. (Fig. 16.)

The Adjustment. The proximal ends of the wires being drawn upon, and the clamp pushed up with the fork at the same time, the raw surfaces are brought in contact with each other, in doing which, care and judgment are requisite that they be pressed together sufficiently tight to prevent gaping, and yet not so forcible as to endanger strangulation or ulceration. To maintain

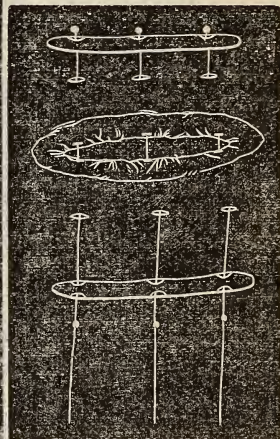
the apparatus in position, a perforated shot is passed down each wire, and being pressed against

FIG. 15.



The adjusting fork.

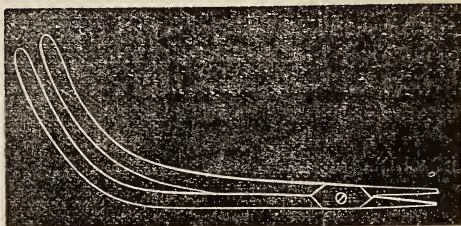
FIG. 16.



Both clamps on the wires, and perforated shot behind the proximal one.

the clamp, is then fastened by compression with a strong pair of forceps. (Fig. 17.) The wires are next cut off short, and bent over the shot.

FIG. 17.

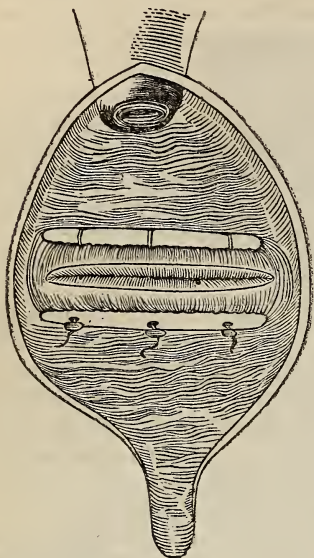


Shot compressor.

The appearance of the wound, when adjusted,

with the suture apparatus in position, is represented in Fig. 18.

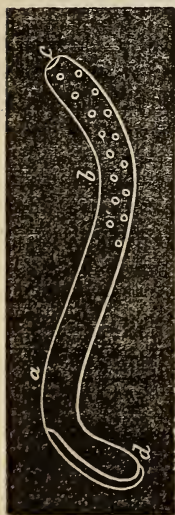
FIG. 18.



Exhibits the wound adjusted with the suture apparatus.

The After-Treatment. The operation being completed, the patient is placed in bed, on the back, a self-retaining catheter placed in the bladder, (Fig. 19,) and a full dose of opium administered;

FIG. 19.



Self-retaining catheter
of Sims.

to be repeated as often as may be necessary to keep the bowels quiet. The diet is to consist of crackers, and coffee or tea. During the progress of the case, the vulva and other portions of the external genitalia are to be bathed with cold water, a bed-pan being placed under the nates, to collect the fluid as it runs from her person. The urine is to be received on old cloths, as it drops from the catheter. On the ninth or tenth day, the clamps and sutures are to be removed, and if well, the patient required to wear the catheter for several days longer. About the twelfth or fifteenth day, the bowels should be opened by some mild cathartic.

Such are the general features of Dr. SIMS' operation, and from this dates the successful surgical management of vesico-vaginal fistula.

[To be continued.]

BIOGRAPHICAL SKETCHES OF Distinguished Living New York Physicians.

By SAMUEL W. FRANCIS, A. M., M. D.,

(Fellow of the New York Academy of Medicine)

IV.

B. Fordyce Barker, M. D., etc.,

"That life is long which answers life's great end."—*Young.*

Dr. BARKER was born in Wilton, Maine, May 2d, 1819, and was the son of JOHN BARKER, M. D., for many years one of the most distinguished practising physicians in that State, who died in New York, February, 1858. Having paid attention to the classical requirements of a liberal education, he fitted himself and entered Bowdoin College, Maine, the beloved Alma Mater of NATHANIEL HAWTHORNE, and Ex-President PIERCE, whence he was graduated Bachelor of Arts, in 1837. Experiencing no particular taste for mercantile pursuits, he became more and more enamored of his father's noble profession, and soon arrived at a definite determination to follow in the footsteps of his illustrious sire. He accordingly entered the offices of Drs. BOWDITCH and PERRY, and studied medicine under them, graduating in 1841, from the Medical School of Maine, having also attended two full courses at the Massachusetts Medical College, at Boston. About this time, Dr. BARKER likewise pursued a course of study under the special guidance of Dr. STEDMAN, and visited with him, repeatedly, the Chelsea Hospital, Maine.

His mother having died of consumption, and, when twenty years of age, he having repeatedly been the subject of hæmoptysis, his attention was especially led to a consideration of this particular disease, and accordingly he selected it for his inaugural dissertation, and wrote his Thesis on "Phthisis Pulmonalis," which exhibited much discrimination, and gave promise of an earnest disciple of HIPPOCRATES.

Immediately after taking his degree, Dr. BARKER took passage for Europe, and conscientiously visited the hospitals of London and Edinburgh; passing two years at Paris, where he became a daily visitor of the wards of the different institutions dedicated to the cure of the sick. So fascinated did he become with some of the principles of the French schools that, with the interval of but few years, Dr. BARKER has visited Europe nearly every summer. By this means, he has been enabled to compare American with foreign practice, investigate new theories, take warning by the errors of too scientific a body of men, who not infrequently publish their diagnosis, and impatiently await the death of their patients, that they

may exhibit to the public view a verification of their capabilities of endoscopy. Not a few of the most important remedies lately introduced into this country are due to the exertions of Dr. BARKER, who, perceiving at once their beneficial agencies, unfolded their simplicity of action and the vast amount of benefit to be derived from new and improved methods of treatment. Not a little of his great popularity is due to the fact that there is not a physician in the city, with his extensive practice, who more continuously and undeviatingly keeps up with the times. When he writes anything for the public, or delivers an address before any medical association, his matter is interesting, his deductions to the point, and his statements lucid. A firm believer in the moral obligations of the Hippocratic oath, he is tenacious of professional secrets, and is as strict in withholding from idle curiosity the mysteries of the doctor's confessional as he is unsparing toward those who betray their trust and degenerate into the mere followers of a *hypocritic* oath. Uprightly etiquetical in all his bearings, he tolerates no undue familiarity, though ever ready to respond to the calls of necessity, and alleviate the embarrassments of brother physicians.

Though not, strictly speaking, a "specialist," Dr. BARKER is naturally engaged in obstetric and uterine practice, having delivered, in the course of his eventful life, nearly four thousand women. During this vast experience, it has been his lot to encounter serious cases of a complicated nature.

But one characteristic, most essentially his own, is worthy of mention, and would be of great benefit, were it more generally the property of others. Dr. BARKER rarely, I had almost said *never*, gives up a patient. He carries out in his private practice, with energy and determination, the text that, "while there is life, there is hope." In not a few instances, when called in at the eleventh hour, after attending and consulting physicians had "given up the patient," by heroic stimulation, a sudden and effective change of treatment, the careful watching of each symptom, and a rapid following up of powerful remedies, he has brought back, with the aid of a merciful Providence, the moribund to health, and rendered the comatose female a happy mother.

When one reflects on the uncertainty of a true diagnosis, which sometimes kills the patient by false treatment, would it not be rational for every conscientious practitioner to abandon, once and forever, that dangerous sluggishness of the mind that causes the attending physician to give up his

patients twenty-four, yes, eighty hours before they die; and sometimes, much to their disgrace, forty-eight hours previous to their recovery? A very interesting article could be written on the return to health of those who had been given up, with a caustic peroration on the death of many from a disregard of their instinctive wishes after the ukase has gone forth that there is "no hope." We hear of persons who have come back to life and health, stating that they could neither speak nor move, but with agony of mind, they have witnessed the preparations for their funeral. My own father saw his coffin brought in, when he was very low with yellow fever!

As a case in point, the following will explain itself. Some few years since, I made the acquaintance of one of our most prominent public benefactors, who had come to seek medical aid for his wife, who, though quite ill, in accordance with her expressed wishes, was placed in the charge of a homeopathic — (?) During her husband's absence, she grew rapidly worse. He was telegraphed for, and arrived in a special train, only to find her going out of the world in an unconscious state. The "what is it?" who was treating her, had given her up; and, as the case was abandoned, the gentleman called on me, and asked, as a special favor, that I would visit his wife professionally. I told him that I was not practising at the time, having but recently recovered from two severe attacks of diphtheria, etc., but would call and see if there was enough vitality in her to justify the pursuit of active measures, having first ascertained that he would dismiss charlatanism, and confine himself to a regular practitioner. He consented, and I went. The lady was certainly dangerously ill, being entirely unconscious, and presenting symptoms of an alarming character; but there was that about her pulse, features, etc., that gave promise of a response. I informed the gentleman of the fact, and told him I would call on Dr. BARKER, and had no doubt he would come, as there was *now* no attending physician. The victim of amnesia who had treated her during her past illness, had stated that much of her trouble proceeded from an enlarged and diseased ovary, which, he told her husband, he could distinctly feel.

On Dr. BARKER's going with me, he examined the patient carefully, and found that her trouble originated from uræmia, brought about by an aggravated and prolonged retention of urine, and on examination, we found, to our entire satisfaction, that this "enlarged ovary" was nothing but a distended bladder, that had swollen nearly to bursting, and in consequence, the lady's blood

had become diseased by the absorption of the poison. Introducing a flexible catheter, Dr. BARKER drew off an immense amount of thickened fluid, and at once perceived the immediate relief of the patient. He then treated her for uræmia, and in some thirty hours, she revived so as to recognize and converse with her beloved husband. Her condition rapidly improved, the water being regularly drawn off. Had she been seen sooner, I have not a doubt but that she would have been saved. But this fearful condition had gone on too long, and though these symptoms disappeared, peritonitis set in, and she died, the victim of ignorance, and the melancholy effect of a popular delusion.

This is not an uncommon occurrence, and when it is known that the majority of homœopathic jugglers, when they do bring about cures, either fall back on the *vis medicatrix nature*, or write "*allopathic*" prescriptions, is it surprising that the members of our profession despise them, or that the ignorant are imposed upon.*

Is it possible that the doctors of the Board of Health in New York, even if out-voted, do not publish a formal statement that they in nowise endorse the present acceptance of the members of the "Do-nothing Club?" and whose chief success is due to the fact that the majority of mild affections would get well without any treatment.

Dr. BARKER's height is 5 feet 11½ inches, and weight some 155 lbs., and, with the exception of his voice, which is to a certain extent aphonic, the result of laryngeal trouble, his general health is good.

On asking him his opinion of the use of tobacco, he replied: "I smoke, and am not aware of any injurious effect from it."

His religious faith is that of the Protestant Episcopal Church.

Dr. BARKER first practiced in Norwich, Connecticut, for seven years, and in 1845 was elected Professor of Midwifery in the Medical School of Maine, but resigned after giving one course of lectures, on account of its obliging him to give up an excellent practice. In 1850 he was appointed Professor of Obstetrics in the New York Medical College, and removed to this city.

* My father came home one day, quite excited with righteous indignation. "Sir," said he, "while I was waiting for some medicine which was being put up, the apothecary showed me a prescription, his hand concealing the doctor's name, and asked me what I thought of it. I told him it was a most powerful dose of a drastic cathartic. With this, he removed his hand, and to my astonishment, I beheld the name of one of the leading homœopathic physicians in New York," and then he launched out invectives which it is not necessary here to report.

In 1855 he was elected physician to Bellevue Hospital; and in 1860 appointed Professor of Obstetrics, and the Diseases of Women and Children, in the Bellevue Hospital Medical College.

Dr. BARKER married Miss ELIZA LEE DWIGHT, of Springfield, Mass., in 1843, and has been blest with one son, a young man of fine abilities.

In 1857 he was elected one of the Vice-Presidents of the New York Academy of Medicine, and in 1859 President of the New York State Medical Society. At the meeting of the American Medical Association in New York, in 1864, he was elected Chairman of the Section of Practical Medicine and Obstetrics.

As a lecturer Dr. BARKER is interesting, and only prevented from being eloquent by the peculiar whisper which interferes with an easy flow of words. His matter is based on judgment and experience. Memory also aids him in the selection of past cases; and a general facility in explanation enables him to unfold what might be complex, and renders important that which otherwise would be passed over as unnecessary by the casual observer.

CHLOROFORM IN SPORADIC CHOLERA.

By E. McCLELLAN, M. D.,

Assistant Surgeon, U. S. Army.

Case 1. G. B., on the morning of July 16th, 1866, was seized with a severe abdominal pain, spasmodic in its character, and attended with considerable nausea. Being confident that he had committed no imprudence in either diet or personal exposure, the patient was inclined to treat it as a temporary indisposition, and relied upon the stimulation of a glass of brandy for relief.

The gravity of the symptoms, however, increased in character until those of sporadic cholera were fully developed. The muscular spasm, however, being confined to the abdomen and chest. The case was not brought to my notice until nearly an hour had elapsed since its inception. The patient was much prostrated, complaining of the severity of the cramps. The vomiting and purging had sensibly diminished.

Chloroform, minimis lx., were administered in iced water. Its exhibition was followed by an immediate cessation of pain and spasm, producing, however, no narcotic effect.

At the expiration of half an hour, during which the patient had experienced no pain, and in which the vomiting and purging had entirely ceased, as he was walking his room, engaged in conversation, the cramps again occurred, but without the violence which characterized its ear-

lier in the attack. Chloroform, minims xxx., was administered as before; the patient was placed in his bed, and perfect quiet enjoined. The hypnotic effect of the remedy was now produced, and after a sleep of several hours, there was no recurrence of the attack, and but slight subsequent treatment was required.

Case 2. Mrs. M., a native of Texas, who is spending the summer months in the North, was attacked, July 17th, 1866, with cholera morbus after dinner, at which she had eaten heartily of early vegetables, and had drank a small quantity of chilled ale.

At 8 o'clock, P. M., I was called to see the case. Found that she had freely emptied the contents of her stomach, and that the diarrhoea was becoming tenesmic in its character; complaining of severe cramps in the abdomen and of the lower extremities; that she was in her third menstrual day, and that since the occurrence of the attack, this discharge had been partially arrested.

Chloroform, minims xl., was administered in a small quantity of molasses, it being the vehicle most ready at hand.

The muscular cramps and tenesmus were entirely relieved, and sleep produced, which continued, with but short intervals, until 10 o'clock, P. M., when the abdominal pain again returned, now chiefly referred to the region of the uterus.

The relief afforded by the previous dose had been so great, that the patient urgently pressed for its repetition. From this time she slept, with but short intervals, during which she experienced no pain, until morning.

July 18th, 8 o'clock, A. M. No return of pain. Since daylight, has had three free alvine dejections. Menses fully reestablished. With the exception of debility, is perfectly well.

8 o'clock, P. M. Has had no recurrence of the attack during the day.

Case 3. On July 24th, 1866, was called at 11 o'clock, P. M., to see Ellen D., an Irish woman employed as laundress. Upon going to her house, I found her lying upon the floor in a state of great exhaustion, the result of an aggravated attack of cholera morbus, induced by the too free use of green fruit and buttermilk during the day. I was informed that she had been vomiting and purging for several hours, with considerable violence, but that for a short time prior to my arrival, she had been quiet.

Upon being raised and placed in her bed, the cramps returned with vigor, attended with ineffectual attempts at vomiting and considerable tenesmus. The radial pulse was but scarcely

perceptible, the extremities and surface of the body were cold, and but slight warmth could be detected in either the groin or axilla; her voice was changed, her respiration hurried and frequent, and she complained of intense thirst.

At 11 o'clock, 10 minutes, chloroform, minims lx., were administered in cold water. This her stomach did not eject, but she complained much of the increased heat in that organ—this, however, was promptly relieved by pounded ice, which was now administered *ad libitum*.

Sinapisms were applied to the abdomen and extremities; friction with warm cloths was vigorously used, and dry heat applied to the spine. The exhibition of chloroform was followed by *an immediate cessation of pain*. The internal warmth which at first was referred uncomfortably to the stomach, was rapidly diffused, and in a few minutes, the pulse had increased in volume, though still irregular and feeble. The external heat was returning.

At 11 o'clock, 45 minutes, P. M., the patient was quiet, experiencing no pain, but still much prostrated. The sinapism, with friction, still continued, and chloroform, with tinct. camphoræ, āā minims xx., were directed to be given every twenty minutes.

At 12 o'clock, 30 minutes, A. M., the patient still comfortable. Respiration more natural. Excessive thirst subsided.

At 1 o'clock, A. M., extremities have recovered their warmth. The expression of anxiety and watchfulness has left the countenance.

2 o'clock, A. M. Reaction fully established, but the patient sleeping quietly, discontinued the chloroform and camphor.

July 25th. No recurrence of the attack; the convalescence was rapid and satisfactory.

Remark I. It is suggested that chloroform, exhibited in full physiological doses, acts with great rapidity upon the nerve ganglia, when in a state of congestion.

That, by its presence, the partial paralysis which exists, as the result of the hyperæmic condition is relieved; that the nerve power recovers its tone, and that in its dependant structures by the capillary vessels recovering their contractility, the local hyperæmia is relieved.

That in sporadic, as in epidemic cholera, the nervous system is affected by the morbid cause of the disease; differing inasmuch as that which produces the epidemic has for its origin a specific organic poison. And that while the cause of sporadic cholera can be readily removed, or will disappear of itself, that of the epidemic variety is reproduced and diffused.

That to produce this effect by means of chloroform, it is necessary to exhibit it in hypnotic doses, the strength of which is to be determined, as in the use of all other remedies, by the severity of the attack, the age, constitution, and sex of the patient. The character of the sleep produced, is, in the experience of the writer, not that of an anæsthetic or opiate, but natural, and one from which the patient can be readily aroused. It has been lately suggested, that chloroform, administered in large doses, will remain for a length of time inert in the system, and finally exert a deleterious influence. During the past year it has been employed in a great number of cases by the writer, the majority of them remaining under his constant observation, and in no instance has such phenomena been observed.

II. The mode of administration of chloroform is of much importance in its internal use; it is suggested that it be employed without combination with other substances, which, to a greater or less degree, impair its action; but, on account of the fear of producing either irritation of the mucus surfaces, or strangulation, many object either to receive or to prescribe it.

Observation will convince the most sceptical, that a dose of chloroform which is rapidly swallowed, with a small quantity of iced water, will produce neither of these dreaded results; but as this procedure is impracticable with many, the vehicles most advantageous will be found to be either the syrup of orgeat, as recommended by Dr. HARTSHORNE; molasses, as suggested by Dr. HAYES; or by the capsules, or pearls of chloroform, as prepared by Mr. HUBBELL, the celebrated pharmacien of Philadelphia. These capsules each contain minims x. of chloroform, and will be found a very convenient and elegant form of administration. They have been used by the writer with much success in asthma and dysmenorrhœa.

*Post Hospital, Fort Delaware, }
Del., August 10th, 1866. }*

— *Gastrotomy successfully performed in a case of Ruptured Uterus.*—Dr. E. MILES WILLET reports, in the *Medical and Surgical Monthly*, of Memphis, a case of gastrotomy successfully performed after rupture of the uterus. The operation was delayed until two hours and a half after the accident took place, owing to the opposition of the friends of the patient. At the end of a fortnight the wound in the parietes had entirely united, and the patient was doing well. She soon recovered her health under tonic treatment.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
April 14th, 1866. }

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Ectropion of both Eyelids.

John Y., æt. 21. The marked ectropion of both eyelids in this patient was caused by the contraction of the cicatrices of a burn, consequent upon an explosion of gunpowder, five years ago.

There are two kinds of cicatrices liable to contraction: these are the result of burns and scalds, and those produced by pyalism.

In order to relieve this man it will be necessary to make an extensive dissection of the eyelids, and then perhaps retrench them. The difficulty after the operation will be to prevent re-adhesion of the lids to the parts with which they are now connected. There is no healthy integument by which the gap can be filled up. The mucous membrane is very much hypertrophied, and some of it will be pared off. The eyelashes are turned up, so that they are nearly perpendicular. The lids are granulated, in consequence of long continued irritation.

The lids were separated from their abnormal adhesions, and the gap filled up with patent lint wet with oil, confined by a compress and bandage. In the course of a week or ten days, after the immediate effects of the operation shall have subsided, a better shape can be given to the lids, which cannot be done now, as it is impossible to anticipate the amount of contraction which will take place. He was directed to live upon simple food, without meat, to take a dose of salts or magnesia to-morrow morning, and to remain in the house.

Chilblain.

Chas P., a farmer, aged forty-six. He has suffered from severe pain in his toes since 1828. Both of the large toes have been amputated. The last amputation was made about four months ago, in consequence of an ulcer extending into the joint, commencing three years before. He complains of a burning sensation, as though there were fire in the parts. There is now an ulcer on the stump of the big toe of the left foot.

This affection is undoubtedly the effect of frost-bite. People suffer frequently from chilblains for many years, sometimes during the whole of their lives.

The treatment advised was the use of a strong solution of acetate of lead and opium, wrapping the foot up as high as the ankle joint, keeping the toes elevated, and touching the ulcerated spot, every few days, gently with nitrate of silver. He should also take equal parts of blue mass and compound extract of colocynth or jalap, two and a half grains of each, with one grain of ipecacuanha every other night at first, and then every fourth night. His diet should be simple; he should eat but little meat, and should be placed on the use of the tincture of the chloride of iron. If cicatrization of the ulcer does not occur soon, the parts should be laid open pretty freely, so as

to liberate the tissues, discharge the vessels, and stimulate the absorbents, and opiate cerate applied, or ointment of the nitrate of mercury, one part to seven or eight of simple cerate. Dilute tincture of iodine pencilled upon the parts once or twice in the twenty-four hours, keeping them well covered in the interval with acetate of lead and opium, would also be of service.

Partial Anchylosis of Knee-joint.

Harry T., aged four years. He has been laboring under partial anchylosis of the right knee-joint for about one and a half years. There is now nothing like active inflammation present. The worst feature is the adhesion of the patella to the anterior surface of the condyles of the thigh bone. The knee-joint will never be as useful as it once was, but a very great amount of its function may be restored.

The boy was placed under the influence of chloroform, and the adhesions formed by the organized plastic matter, broken up. An apparatus, constructed upon the same principle as that of SCARPA for the relief of club foot, was then applied. This apparatus should be worn for months.

EDITORIAL DEPARTMENT.

Periscope.

Impacted Fæces in the Pouch of the Rectum.

Dr. A. PAUL illustrates this subject by three cases published in the *Medical Press and Circular*. The first case was that of a lady whom he attended in 1848 for spasm of the anal sphincters. She was found on the floor, feet elevated, with intense bearing down, at intervals resembling labor. Injections and aspersions, first hot, then cold, relieved her. On spasm subsiding, hard lumps were voided, with loud explosions of wind. She had been troubled with flatulency for years. She was subject to another attack in 1851. Aperients and injections affording no relief, the patient hooked out by the finger, a lump, the size of a hen's egg, unusually hard, of a dirty, chalky color, which, when broken up, contained a plum-stone. She had not touched stone-fruit for two months before.

Second case. A young married lady—symptoms as in preceding case. Unlike it, there was in this case much to contend with in treatment, arising from preconceived fancies and caprices. For example, compound powder of jalap was one medicine in the list of predilections; a remedy quite unsuited both to constitution and to local disease. Examination of the bowel being denied, injections alone were complied with. After two months attendance, violent abdominal pain setting in, calomel and opium were reluctantly taken. Bearing down, and frequent desire to evacuate ensued, ending in expulsive efforts, quite independent of will. Never will the mother of this lady forget the evolutions of fæces, in various phases of consistency, which ensued during twenty-four hours, the lady all the while

in bed, and in the posture of a labor-pain woman, quite unconscious of what was coming from her, yet resulting in complete relief. In this case, division of the sphincters had been strongly urged by the surgeon previously in attendance, and strongly backed by the patient's husband.

Third case. In a lady who had previously suffered from inward piles, of which she had been cured. Symptoms of attack as usual. On passing the finger it encountered a round impacted mass, in the pouch of the rectum, hard, and as large nearly as a cricket ball. The finger encircled this mass, as the accoucheur does the head of the fœtus in parturition. Were the sphincters to be divided, a stone forceps to be passed in, and this mass to be withdrawn, whole or crushed? No. Incontinence of fæces, hereafter, might prove an annoyance greater than such occasional impacted masses. Medicine would not touch this lump, injections would not stop up a sufficient time to soften the mass, as urgent bearing down in every position, from the erect to the inclined, was present, with tension and tenderness of abdomen.

Making the curve of the sacrum a fulcrum, the forefinger and nail a drill, the ball was broken up into four pieces, and one was hooked out; the remaining portions came away, aided by injections, which now—not as before—kept up a sufficient time to soften and lubricate the residue. The blasts of gas escaping after all this, astonished and made ashamed this old lady, now in her 75th year.

Differential Diagnosis of Idiopathic Albuminuria and Renal Degeneration.

M. CARLIEU, says the *Boston Medical and Surgical Journal*, has determined a differential characteristic of idiopathic albuminuria, and that caused by an alteration of the kidneys. It is the odor of the urine. In the nervous, idiopathic affection, asparagus communicates to it the peculiar odor which every one knows. When, on the other hand, there is any change in the structure of the kidneys, as in nephritis, no such odor is communicated. Turpentine and cubebs serve equally well as a diagnostic mark in such cases, according to M. CARLIEU.

An important clinical fact, if borne out by future observations.

Aphasia with Hemiplegia of Right Side.

In its reports of the Mercer's Hospital, the *Medical Press and Circular* of June 27th, cites three cases, under charge of Dr. MOORE, which confirm the pathological researches of SANDERS and others. In all these cases, occurring in adult males, respectively 29, 55, and 40 years of age, the aphasia, or loss of speech, accompanied right hemiplegia (disease of the left half of the brain), while in a fourth case of left hemiplegia (disease of the right half), no aphasia was observed.

On the other hand, Dr. HARVEY E. BROWN, Assistant Surgeon U. S. A., in a recent number of the *Medical Record*, reports a case of aphasia from apoplectic cerebritis, where the paralysis was but very slight and confined to the left side.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, AUGUST 18, 1866.

MEDICAL EDUCATION.

It must be gratifying to every friend of progress in medical education, to see how of late years advances have been made in the matter of instruction in our medical schools. Yet in acknowledging that there have been advances, it cannot at the same time be denied, that much of the progress is but apparent, and that some of the vaunted innovations have bestowed no real benefit upon the educational cause. The subject has been again brought to our attention by the receipt of the annual announcements of the regular winter sessions of the schools, and a few remarks upon a subject which is at all times of importance, will not be out of place at this time.

The tendency to progress in medical education may be characterized by the simple statement that the *demonstrative method* has gradually encroached upon, and in many respects superseded the purely didactic method. This tendency in the method of teaching the various branches of medical science is due, however, not to more enlightened views in regard to the mode of imparting knowledge alone, but has its true foundation in the fact that during this century the science of medicine itself has been largely divested of its formerly *dogmatic* and *theoretical* basis, and has been placed, approachingly at least, among the *positive sciences*.

With the positiveness which the science of physiology has attained through the aid of the microscope, the test-tube, and experimentation upon the living animal body,—which pathology has reached by these same means, to which diagnosis has been carried in the same manner, and which is every day rendering practical therapeutics more *rational* and less *empiric*, it is not to be wondered that teachers of medicine have made the discovery that the *DEMONSTRATION of the facts* of science is more apt to inculcate its principles and logical deductions than the mere *ex cathedra* statement of these facts. Hence, the great attention which all our leading schools are, and have been of late, directing to demonstrative teaching, not only in chemistry and anatomy, but also in physiology, pathological anatomy, and clinical medicine, are pretty sure proof that as a whole they appreciate the scientific tendency of the age, and are willing to do justice to its demands. From their an-

nouncements it appears, not only that the facilities for demonstrative teaching have been largely increased, but that new branches have been added to the curriculum of study, by subdividing those which formerly formed but one professional chair. Thus we have physiology now generally made a distinct branch; medical jurisprudence, in some of the schools, has, as it should be, been raised to the honor of a separate professorship; pathological anatomy is attempted to be made such; and ophthalmology, orthopedic surgery, etc., are beginning, as is not more than proper, to be placed in the same category. All this is perfectly right, the necessity arising from the general progress of science.

But these advances are to a great extent only imaginary, as far as the practical results of raising the standard of medical education are concerned, and for the very simple reason, because the *time of study* has not been extended in proportion commensurate with the addition of new material which science has furnished, and which the student must master before he can be considered qualified to practice the healing art. What possible benefit can accrue from the establishment of new professorships, from the appointment of dozens of adjuncts and assistant professors, from the most extended hospital and clinical facilities, when the session of teaching is no longer than it was before? It is a notorious and universally acknowledged fact, that the regular *sessions* in the schools are too short, and that the whole course of study, in the present state of medical science, is not sufficiently long by one or two years. There is to-day no difference really in the legal course of study from what it was thirty years ago. Some schools, it is true, have added a *few weeks* to their sessions, also courses on special subjects during summer and fall,—but these are extra advantages, which the student who is favorably situated may avail himself of or not, as he chooses, but which the large majority pass over as useless, and will pass over, until the law obliges them to do otherwise.

The legal requirements for the qualification to practise medicine as at present demanded are three years' study, during which time the candidate must have attended two full courses of lectures. We will limit our remarks to these collegiate courses. As they are at present conducted, it is impossible for a professor of any of the branches of medical science to go through his department with any degree of detail in the short period of five months; nor is it possible for the student to go through one of these regular courses, and to digest and assimilate the varied material

which from day to day is offered to his mind. He is expected to attend five to six lectures a day; expected to profit from lectures on surgery before he has mastered fully the elements of anatomy, and the intricate questions of general and special pathology are to be solved to him before he has become familiar with the laws and facts of physiology. And besides this, he is expected to be present daily at clinics and hospital lectures. To use a forcible illustration,—the medical student of America is in the position of a traveller who stops a few minutes at a railway hotel for dinner, where, indeed, a great variety of choice and well-cooked dishes are placed before him, but following each other in such rapid succession that he has no time to partake freely of any, and must be satisfied with the mere taste of most; or if he is determined to get the worth of his money, he does it at the imminent risk of dyspepsia, or something worse. Surely any increased bill of fare offered to the medical student at the feasts of collegiate learning, *should be accompanied by a reasonable extension of time to profit from its advantages.*

It is a remarkable fact, that in regard to the point under discussion, the *American medical student* has for a number of years been taking the initiative of reform and progress. A very large proportion of students are at present attending three or four courses, which gives them an opportunity to more systematic study, and to avoid the evils of overcrowding the mind. In some of the colleges, this proportion, we believe, forms a majority. *Now, if the student, who is most interested in this matter, has for years felt the necessity of reform, and has acted accordingly, we think it is time the colleges should begin to act too.* An extension of the period of study is demanded, and above all, an *extension of the lecture-term.* In what way this might best be accomplished, we will discuss in a future article.

DR. EDWARD WARREN.

In the notice by the committee on Prize Essays of the American Medical Association, published in recent Nos. of the *REPORTER*, the name of Dr. EDWARD WARREN was inadvertently printed WARNER. In making the correction we take occasion to say that Dr. WARREN has for many years occupied a prominent position before the profession. Before the war he was a resident of North Carolina, and editor of the "*North Carolina Medical Journal*," and was a successful competitor for the Fiske Fund Prize of the Rhode Island Medical Society. He was also a Professor in the University of Maryland. During the war he was successively Medi-

cal Director of the Medical Department of North Carolina, Medical Inspector of the Army of Northern Virginia, and Surgeon-General of the State of North Carolina. At the meeting of the American Medical Association in Baltimore last spring, his name was proposed as a Vice-President of that body, but for reasons which were appreciated by the Association, he declined.

Dr. WARREN has settled in Baltimore, and will, without doubt, speedily attain the prominence which his education and talents entitle him to.

PROGRESS OF THE CHOLERA.

Since our last report, cholera has been rather suddenly advancing in New York. During the week ending Saturday, Aug. 4th, there were 239 deaths from this disease. By far the largest number of these occurred in those public institutions in which the epidemic has become localized. Thus, 69 cases occurred at the Ward's Island Emigrant Hospital, 11 at Randall's Island, 17 in the Almshouse, 64 in the Workhouse, 7 in the Lunatic Asylum, etc., a total of 187 in the public institutions. In these institutions, the disease has probably reached its climax, and we may expect to hear of a diminution in the number of new cases. The fall in the temperature, and the cool winds which prevailed during the latter part of last week will, no doubt, contribute considerably to assist the efforts of the Board of Health, which body is doing all in their power to remove causes of insalubrity, and to destroy any local conditions favoring the spread of the disease.

On the whole, cholera cannot be considered as very severely epidemic in New York.

Dr. HARRIS writes, under date of 9th:

"Cholera is not generally prevalent throughout the city, but is limited, as an epidemic, to particular localities. The commercial streets are scarcely touched by the malady. Hotels and all respectable quarters of the city yet remain free from it. The epidemic has already disappeared from several of its centres. The deaths are rapidly diminishing, being but 9 the last twenty-four hours, and but 13 the preceding day, including all the hospitals; while, by prompt sanitary measures, the infection has almost ceased its operation in all the county institutions beyond the city, as the following returns show: Ward's Island (last 24 hours)—Admissions, none; died, 2; remaining, 18. Blackwell's Island Workhouse—Admissions, none. Randall's Island—Admissions, none.

In BROOKLYN, the disease is reported as somewhat diminishing outside of the public institutions. But in the penitentiary and the jail, it has raged with fearful violence and fatality. During Friday night, (Aug. 3d,) 38 new cases

occurred in the former institution, and nearly an equal number on the following day. On Saturday night, (Aug. 4th,) there were *ten* deaths.

CINCINNATI has been quite severely visited. The total number of deaths from cholera, reported from Aug. 1st to Aug. 8th, inclusive, is 139, the highest numbers having been on the 6th, 7th, and 8th of August, respectively, 29, 31, 27.

From ST. LOUIS we learn that some 20 cases were reported to the Board of Health, from Saturday, Aug. 4th, until the 6th, and that several deaths occurred. The general sanitary condition of the city, however, is reported as unusually good.

In NEW ORLEANS, 29 cases of death from cholera are reported during the week ending Aug. 4th, the disease increasing, and prevailing principally among the negroes. On the 8th, there were 18 deaths from the disease.

A fatal case of cholera was reported at PROVIDENCE, R. I., Aug. 6th.

From GREAT BRITAIN we also have news that the disease is on the increase. The *Medical Press and Circular*, of July 18th, writes: "Last Thursday, a child was admitted to the Liverpool Workhouse, suffering from cholera, and died in a few hours. On Friday night, four children and a nurse were seized with Asiatic cholera; in three hours, one of the children was dead. On Saturday morning, the nurse died, and the three remaining children were reported to be dying." On July 21st, the *British Medical Journal* reports 13 deaths as having already occurred at the LIVERPOOL Workhouse, with 9 patients remaining, two of whom were expected to die. Later dates show a very violent explosion of cholera to have taken place in that city.

FRANCE. Although decreasing at Amiens, in other French towns the disease is reported as on the increase.

The *London Times* of the 28th ult., has the following concerning the epidemic in Paris, evidently written by a correspondent in that city:

"The Minister of the Interior persists in keeping from the knowledge of the Parisian population the sanitary condition of their city. The object is, no doubt, to prevent alarm, but the object is defeated, simply because when secrecy is so observed, there is always exaggeration, for it is impossible to conceal the fact of the presence of cholera. It would appear that the first few cases occurred about five weeks ago. The number of deaths increased, after some variation, to 140 in one day, and this about 12 days ago.

"Since the fall of the temperature, after the great thunderstorm of Monday week, I believe the cases, or at least the deaths, declined a little.

On Monday last, July 22, I am assured that the deaths were 100, and on Tuesday they fell to 80. What the number was on Wednesday, I have not accurately ascertained, but I have heard them stated by some at 70, by others at 60."

The same correspondent says that cholera seems to be decidedly on the decline in Marseilles. The mortality among children is extraordinary; of 47 deaths in one day, these counted for 21.

HAVRE has so far remained free from the disease, but at ROUEN there are about 10 cases and 6 deaths per diem.

GERMANY, etc. In Berlin 76 cases, of which 50 were fatal, occurred on the 30th June. In Southern Russia, the disease is making progress, and has broken out in St. Petersburg.

Notes and Comments.

A new Work on Cholera.

D. A. MORSE, M. D., of Alliance, Ohio (late of the U. S. service), has in press, in Cincinnati, a new work on cholera. Dr. MORSE maintains the position that cholera is a contagious disease—propagated by contagion—and does not appear at a place until carried there. He recites minutely the history and progress of the disease, from the earliest times down to the date of publication, believing that its history exhibits the history of contagious diseases; and asserts that before twenty years, the profession will believe it to be as capable of propagation by contagion as small-pox. The history will be principally based upon official reports, from the first "Bergal Report," 1820, down to those of the present year, made for the information of the government to which each reporter belongs, and Reports of Health Officers, etc.

He believes the disease to originate from the presence of a poison in the system, which multiplies itself there, finding a proper material to work or feed upon. He thinks that we must remain as ignorant of the true cause of the disease as we are of the poison which generates small-pox, measles, and other contagious diseases; and that our treatment cannot be based upon a knowledge of the cause, more than in fevers, but must be directed according to the indications made by the symptoms, pathological appearances, and other analogous operations within the system, produced by poisonous agents. He thinks also that the spread of the disease has been prevented in many instances by quarantine, and insists upon the exclusion of patients affected from con-

tact with their friends. We trust this work will be read with satisfaction, especially as all our authors upon practice regard the disease as not contagious, as do also the greater number of our monograph writers. The work will be ready in about four weeks.

Philadelphia Dental College.

We have received the Fourth Annual Announcement of the Philadelphia Dental College. This institution is determined to achieve, and certainly deserves success. The Winter Session begins on the 1st of November. Dr. JAMES E. GARRETSON is Lecturer on Clinical Surgery, and will give lectures and demonstrations on all the surgical diseases of the body, with the various operations demanded for their cure, with a view to the proper preparation of the student for the practice of the specialty of Oral Surgery. An Oral Surgical Clinic will be held weekly, at which all special diseases will be treated, and the necessary operations performed before the class.

This course, although especially designed by the faculty as a means of thorough surgical instruction for that portion of the students of the school who propose to take on themselves the treatment of general oral diseases, and free to such, is yet, because of being a general course, as taught in any Medical College or University, open to all students of surgery, upon payment of the usual fee of \$15.00.

Harvard University.

An important change has been made in the government of this Institution. By the action of the Legislature, it has been allowed to sever its connection with the State. The old State Board has been superseded by Overseers elected by the Alumni. The *Boston Med. and Surg. Journal* thinks that the cause of education will be greatly promoted by this movement, and that hereafter the professional departments will be more under the control of the profession. It says: "It (the literary department) should no longer be allowed to control appointments in other departments, nor should the corporation be permitted to negative plans which have received the unanimous approval of any faculty, and the whole profession it represents."

"The Perils of Hospital Practice."

The *Medical Press and Circular* says: "The various journals have leaders on the subject of the trial in the Court of the Queen's Bench, in which the Pole, PERINOWSKI was plaintiff, and Surgeons HOLMES and FREEMAN, of St. George's Hospital, were defendants. The plaintiff, while

in hospital, had been scalded by the negligence of the nurses of the hospital, and the suit should have been instituted against the hospital authorities, instead of the surgeons. The whole case is very trivial, and one evidently got up for obtaining money, in which, however, the expectations were not realized, as the jury, although admitting that the plaintiff had been injured, yet found for the defendants. This accident has opened up the question debated some time ago in the board-room of this very institution, as to the advisability of placing the patients under the care of a religious sisterhood, which would take the whole responsibility of the nursing."

Syphilitic Affections.

Dr. JAMES E. GARRETSON, of this city, informs us that he is using—with what seems to him almost a specific effect—in the treatment of all syphilitic affections, a combination of the syrup of the pyro-phosphate of iron, the iodide of potassium, and bi-chloride of mercury. The formula is as follows:

R. Hydrarg. chlor. corrosiv. gr. ij.
Potass. iodid., ʒiij.
Syrup. ferri pyrophos., f.ʒiij. M.
S. A teaspoonful after each meal.

It is sometimes offensive to the stomach, some persons rejecting it immediately, though familiarity will soon reconcile that organ to it.

"Opinion."

This is the title of a new candidate for public favor, issued from Trenton, N. J., by BROOKE & VANNOTE. It is a weekly "Journal of Home and Foreign Literature." It will contain original essays, poems, and tales, besides choice selections from American and Foreign magazines, literary intelligence and reviews. Weekly, \$3 a year—eight cents a number. The *REPORTER* and "Opinion" together, \$7.00.

Books, etc., Received.

Bartholow on Spermatorrhœa. From W. Wood & Co., New York.

Dixon on Diseases of the Eye; also Visiting List and Book of Engagements for 1867. From Lindsay & Blakiston.

Cuvierian Classification of Animated Nature, and other addresses, by J. H. McQUILLEN, M. D., D. D. S. From the Author.

Report on the Removal of Swill and House Offal, and other subjects, to the Board of Health of Providence, R. I., by E. M. SNOW, M. D., Superintendent of Health. From the Author.

Valedictory Address to the graduating class of the New Orleans School of Medicine. By J. L. CRAWCOUR, M. D. From the Author.

State Medical Society of Michigan.

A Medical Society of the State of Michigan was definitely organized on June 5th, at Detroit. The following officers were elected.

President—Dr. C. M. STOCKWELL, Port Huron.

Vice-Presidents—Drs. A. PLATT, Grand Rapids; J. H. JEROME, Saginaw City; J. H. BEACH, Coldwater; — BONINE, Jackson.

Treasurer—Dr. HENRY F. LYSER, Detroit.

Recording Secretary—Dr. GEORGE E. RANNEY, Lansing.

Corresponding Secretary—Dr. G. P. ANDREWS, Detroit.

A number of scientific committees were appointed; also delegates to the American Medical Association.

Correspondence.

DOMESTIC.

Medical Properties of Santonin. What are they?
EDITOR MEDICAL AND SURGICAL REPORTER:

One of the authors of the U. S. Dispensatory, in the last edition, very properly remarks, that "the effects of santonin do not appear to have been very precisely determined." It is very briefly noticed by STILLÉ in 1st Ed. Therapeutics. Of its anthelmintic properties there can be but one opinion, for it is THE vermifuge of the materia medica, possessing nearly, if not all the properties of a perfect medicinal agent. In its colorless, glossy, and beautiful crystal, inodorous, and almost tasteless, we have every desirable quality, physically, of a medicine. When to these are added its safety and efficiency as a vermifuge, it must be conceded to be a faultless medicine. And yet its medicinal properties are but imperfectly made out. What are they? Are they nerve-stimulant or sedative? Are they alternative? cerebro-spinal stimulant? purgative? diuretic? or carminative? Are they either singly or several collectively? What are its effects? These are interesting questions, but no present answer can be given. That it possesses other than simply anthelmintic properties is certainly true. The writer can only supply two facts toward a solution of these interesting interrogatories. One of these is, that the dose as given by STILLÉ is too large; and whoever gives it in such quantities will be very apt to obtain some effects neither desirable or necessary as a vermifuge, and principally on the nervous system. The maximum dose, as given by the U. S. Dispensatory, is unnecessarily large for vermifuge purposes in children.

The other fact is its modifying influence over

cathartics. To any formula for a cathartic or laxative pill, add from a tenth to a twentieth of the weight of the mass of santonin, and their action will be materially modified. The pills will acquire much greater activity, modifying any tendency to griping, thus displaying two qualities, purgative and carminative.

Who can or will add to the common stock of knowledge in regard to this interesting yet mysterious agent? In this way its action can be more definitely "made out."

Z. C. McELROY, M. D.

Zanesville, Ohio, August 10th, 1866.

News and Miscellany.

United States Military Asylum.

Soldiers disabled by wounds or disease, who have been honorably discharged from the volunteer service of the United States, and who desire a home in the National Asylum, are requested to make application previous to September 1, with a statement of the circumstances of their enlistment, services, disability, and discharge, to Major-General EDWARD W. HINKS, Governor of the United States Military Asylum, whose office is temporarily in Boston, Mass. And persons having knowledge of meritorious disabled soldiers being supported in any almshouse or other institution, as public paupers, are requested to give information of the fact to the Governor of the Asylum, in order that immediate measures may be adopted for the removal and relief of such indigent disabled soldiers. No asylum has yet been located, but immediate steps will be taken to secure relief and assistance for proper subjects.

Poisoning.

From the Coroner's reports during the period from August, 1858, to December, 1861, the *Medical Reporter* of St. Louis, gives the following cases of poisoning in that city:

-Whole number of cases,	45
By arsenic,	10
Arsenic and chloroform,	1
Opium in some form,	21
Prussic acid,	1
Cyanide of potassium,	1
Strychnine,	5
Sulphate of zinc,	1
Alcohol and red pepper,	1
Oxalic acid,	1
Oil of cedar,	1
Chloride of potassium,	1
Inhalation of chloroform,	1

The editors of the *Reporter* say: "The only remark we shall make in connection with the above is, the sad condition of things which shall permit any man, for a penny, to obtain the means of destruction. The sole remedy is the moral sentiment of the body of apothecaries, who will refuse every application for such virulent agents of the materia medica, unless accompanied by

the prescription of a physician. There cannot be too great an abundance of caution."

Syrup of Pepsin with Bitter Orange Peel.

Take the aqueous infusion or soluble portion of fifty veal rennets, and evaporate in vacuo until the residual liquid weighs 74 troy ounces. To this add of lactic acid 170 grains, spirit of oranges three ounces, hydro-alcoholic extract of Curacao (bitter orange peel) three ounces and a quarter; filter through paper, and then dissolve in the liquid 144 troy ounces of sugar. Strain through muslin, and bottle.

An ounce of this syrup contains $2\frac{1}{4}$ grains of acidified pepsin, that is to say, as much as three doses of fifteen grains each of the amylaceous pepsin of BOUDAULT and CORVISART. Finally, it has an advantage over the powder, of retaining during many months, or even years, its fermentable properties.—*Jour. de Chimie Médicale et de Rep. de Pharm.*

Artificial Limbs.

The Secretary of War has been authorized and directed to furnish to discharged soldiers of the U. S. who have been disabled in the service, as well as to those not yet discharged, transportation to and from their homes and the place where they may be required to go to obtain artificial limbs for them, under authority of law.

— According to the *Wiener Mediz. Wochenschrift*, a strange epidemic recently occurred in one of the suburbs of Vienna, the main symptoms being swollen, sore, and painful faces—attacking only the male sex. The disease was traced by physicians to the use of a shaving paste which had been highly recommended, as a "clean shave," by a barber. This paste rendered the use of a razor unnecessary. It consisted mainly of arsenic. The paste was confiscated, and the barber subjected to legal penalties.

— In ascending into the air, the heart-beats increase 5 for the first 3000 feet, 7 more for the next 1500 feet, and 5 for each 1500 feet of ascent after that. This is nearly an average increase of one beat for each 100 yards of ascent.

— A foreign correspondent of one of our newspapers says, "I notice that Dr. EDWARD CLARKE, of Philadelphia, has just received his diploma as a member of the Royal College of Surgeons." 'Oo's 'e?

— Surgeon JAMES F. BURDETT has died of cholera on Tybee Island, Ga.

— We learn, by the Atlantic telegraph, that the deaths by cholera in London, during the week ending August 4, were 1,053, and from diarrhoea, 354.

— CRYSTALLIZATION OF UREA on the Surface of the Skin. Dr. HIRSCHSPRUNG states, that in some acute renal affections, and a short time before death, an exandation and crystallization of urea takes place on the head, neck, and thorax.

— THE INTERNATIONAL OPHTHALMOLOGICAL CONGRESS, which was to have been held at Vienna this month, has been indefinitely postponed on account of the war.

— UNIVERSITY OF ATHENS. There were, during the last session, two hundred and fifteen medical students in the University of Athens.

— Dr. JAMES P. WHITE writes to the *Buffalo Medical Journal*, from Rome, Italy: "It ought to be stated, for the benefit of all Americans who may chance to require medical services in Rome, that Dr. JAMES B. GOULD, who served fifteen years as surgeon in the United States Navy, now resides there."

— Dr. S. E. STONE, of Massachusetts, is recovering from an immense psoas or abdominal abscess, which was thought would prove fatal.

— CHARLES F. CHANDLER, of the Columbia College School of Mines, has been appointed to the Chair of Chemistry in the New York College of Pharmacy.

— Mr. QUAIN has resigned the Surgency of of University College Hospital, and also the Professorship of Clinical Surgery at University College.

Army and Navy News.

ARMY.

HDQRS. OF THE ARMY, ADJUTANT-GENERAL'S OFFICE,
Washington, August 7, 1866.

Special Orders, No. 368—[Extract].—III. A Board of officers, to consist of Brevet Col. J. B. Brown, Surgeon, United States Army; Brevet Lieut.-Col. H. R. Wirtz, Surgeon, United States Army; Brevet Lieut.-Col. Anthony Heger, Surgeon, United States Army; Brevet Major Warren Webster, Assistant Surgeon, United States Army, Recorder; will assemble at New York city, on the 20th of September, 1866, or as soon thereafter as practicable, for the examination of Assistant-Surgeons for promotion, and of applicants for admission into the Medical Staff of the United States Army.

Brevet Major Joseph P. Wright, Assistant-Surgeon, U. S. A., is hereby relieved from duty in the Department of the Cumberland, and will proceed without delay to Fort Independence, Boston Harbor, Mass., and relieve Brevet Captain Edward Cowles, Assistant Surgeon, U. S. A. When relieved, he will report to the Commanding General, and to the Medical Director, Department of Louisiana, for assignment to duty.

VI.—Assistant-Surgeon W. S. Tremaine, United States Army, will report to the Commanding General, and to the Medical Director, Department of Cumberland, to replace Brevet Major Jos. P. Wright, Assistant Surgeon, U. S. Army, relieved.

VII.—Surgeon George Taylor, United States Army, is hereby relieved from duty in the Department of Ohio, and will report, without delay, to the Commanding General, Department of Texas, to relieve Brevet Lieut.-Col. P. Vollum, Surgeon, United States Army, as Medical Director of that Department. Brevet Lieut.-Colonel Vollum, when relieved, will report in person to the Medical Director, Department of the East, for assignment to duty.

By command of General Grant.

E. D. TOWNSEND, Assistant Adjutant-General.

RELIEVED.—Brevet Major H. E. Brown, Assistant Surgeon, United States Army, from duty in Department of East, and ordered to report to Medical Director, Department of Louisiana, for duty in that Department. Assistant-Surgeon H. R. Silliman, United States Army, from duty in Middle Department, and

to duty in Department of the South. Brevet Capt. E. J. Darken, Assistant-Surgeon, United States Army, from duty in Department of Arkansas, and ordered to report to Medical Director, Department of the East, for temporary duty.

NAVY.

List of changes, etc., in the Medical Corps of the U. S. Navy, for the week ending August 11th, 1866.

Surgeon L. J. Williams, orders to Navy Yard, Philadelphia, extended to September 1, 1866, on account of sickness.

Surgeon E. R. Denby, ordered to temporary duty at Naval Rendezvous, New York.

Surgeon A. W. H. Hawkins, resignation accepted.

Past Asst-Surgeon N. H. Adams, detached from Navy Yard, Washington, and ordered to U. S. Ship "Pensacola."

Asst-Surgeon J. M. Flint, ordered to U. S. Ship "Pensacola."

Asst-Surgeon Wm H. Jones, detailed for duty at Navy Yard, Washington.

Acting Past Asst-Surgeon T. K. Chandler, detailed for duty at Navy Yard, Washington.

Acting Past Asst-Surgeon Henry Shaw, detached from the U. S. Ship "Kearsage," and placed on "waiting orders."

MARRIED.

BOGUE—INGALLS.—In Buffalo, July 25, by Rev. H. P. Bogue, Dr. E. A. Bogue, of New York city, and Miss Amelia L. Ingalls, daughter of the late Rev. L. Ingalls, of Burmah, India.

HITCHCOCK—CLARK.—In Brattleboro', Vt., 26th ult., by Rev. George P. Tyler, D. D., Hon. Alfred Hitchcock, M. D., of Fitchburg, Mass., and Ella M., youngest daughter of the late Rufus Clark.

MILLER—WILSON.—In Philadelphia, on the 2d inst., by Rev. W. M. Rice, D. D., Mr. John C. Miller and Miss Sallie E. Wilson, daughter of Dr. R. S. Wilson, all of Fox Chase, Philadelphia.

USTICK—WALDO.—Tuesday morning, August 7th, at the residence of the bride's father, on East Walnut Hills, by Rev. Edward Cooper, of Bloomingburg, Ohio, George M. Ustick, Esq., of Washington, C. H., Ohio, and Miss Arabella L., only daughter of F. A. Waldo, M. D.

WATSON—WALTER.—On the 8th inst., by Rev. James Shrigley, Dr. William John Watson and Miss Florence G. Walter, both of this city.

DIED.

BROWER.—August 1, 1866, at his residence in Lawrenceburg, Ind., Dr. Jeremiah H. Brower, in the 69th year of his age.

GRAY.—In Brooklyn, Ky., near Newport, on the morning of the 1st inst., of consumption, after a long illness, Mrs. Amanda C. Gray, aged 25 years, wife of Dr. Richard Gray, and only daughter of R. P. H. and Elizabeth Arthur, of Newport.

CLARKE.—In Whitinsville, Mass., 23d ult., William Sheldon, only son of Dr. R. R. Clarke, late surgeon of the 34th regiment, M. V., aged 2 years.

WEBB.—August 2, suddenly, of heart disease, Dr. Thomas H. Webb, aged 65.

METEOROLOGY.

July,	30,	31,	A. 1,	2,	3,	4,	5.
Wind.....	S. W.	S. E.	S. W.	W.	S. W.	S. W.	N. W.
Weather.....	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.
Depth Rain.....	4-10		1-10				
Thermometer.							
Minimum.....	66°	62°	60°	68°	60°	65°	55°
At 8 A. M.....	77	72	74	79	71	70	68
At 12 M.....	82	81	82	84	78	79	76
At 3 P. M.....	80	82	83	84	80	78	77
Mean.....	76.25	74.25	74.75	78.75	72.25	73.	69.
Barometer.							
At 12 M.....	29.9	31.	30.	29.9	30.1	30.	30.

Germanstown, Pa.

B. J. LEEDOM.

SUMMER SCHOOL

OF

MEDICINE.

No. 920 Chestnut Street, Philadelphia.

ROBERT BOLLING, M. D., JAS. H. HUTCHINSON, M. D., H. LENOX HODGE, M. D.

EDWARD A. SMITH, M. D., D. MURRAY CHESTON, M. D., HORACE WILLIAMS, M. D.

The Summer School of Medicine will begin its second term on March 1st, 1866, and students may enjoy its privileges without cessation until October.

The regular Course of *Examinations and Lectures* will be given during April, May, June, and September, upon

ANATOMY,

SURGERY,

CHEMISTRY,

PHYSIOLOGY,

OBSTETRICS,

MATERIA MEDICA,

PRACTICE OF MEDICINE.

The subjects will be studied by the aid of Specimens, Manikins, Demonstrations, and Clinical Examinations of Patients.

Students will be given access to the Pennsylvania, Episcopal, and Children's Hospitals. The employment of the Microscope, and the microscopic appearance of the tissues and fluids in health and disease, with the chemical tests and reactions, will also be taught.

FEE, \$50.

SURGERY.

A Course of Lectures on SURGICAL DIAGNOSIS will be delivered by Dr. H. LENOX HODGE, during April, May, June, and September, at the Summer School of Medicine, No. 920 Chestnut Street, Philadelphia.

The history, causes, symptoms, and pathology of Surgical Diseases and Injuries will be carefully studied, and the means of recognizing and treating such disorders distinctly taught.

Instruction will be given in the use of the Microscope, Ophthalmoscope, Otoscope, Laryngoscope, Endoscope, and other specula; in Percussion and Auscultation, and other means now employed for physical examination.

FEE, \$10.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, and in Practical Obstetrics. They will be enabled to examine persons with diseases of the Heart and Lungs, and to attend women in confinement. The class rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text books, etc., will be constantly open for study.

The Winter Course of Examinations will begin with the Lectures at the University of Pennsylvania in October, and will continue till the close of the session.

Fee for Office Students (one year), \$100.

Fee for one Course of Examinations, \$30.

Class Rooms, No. 920 Chestnut St., Philadelphia.

Apply to

H. LENOX HODGE, M. D.,

N. W. corner Ninth and Walnut Streets.

THE MEDICAL AND SURGICAL REPORTER.

No. 495.]

PHILADELPHIA, AUGUST 25, 1866.

[Vol. XV.—No. 8.]

ORIGINAL DEPARTMENT.

Communications.

BIOGRAPHICAL SKETCHES OF

Distinguished Living New York Physicians.

BY SAMUEL W. FRANCIS, A. M., M. D.,

(Fellow of the New York Academy of Medicine.)

V.

C. E. BROWN-SÉQUARD, M. D., F. R. S., etc.

"He led me on to mightiest deeds
Above the nerve of mortal arm."—Milton.

Though of foreign birth, and the resident of many capitals, Dr. BROWN-SÉQUARD, having settled in New York with the specific purpose of practising in this metropolis, is not only welcomed by the lovers of science, but may, with the strictest propriety, be included in the present series.

The treatment of the nervous system, when diseased, requires more acute observation and profound analogical reasoning than any other branch of physical derangement. Hence, though cures may be rare, when accomplished, they bring credit in proportion to their scarcity.

His father, EDWARD BROWN, was born in Philadelphia, Pennsylvania, and married M^{lle} C. P. SÉQUARD, a native of the Isle of Mauritius, of French extraction, and lost his life while endeavoring to carry provisions to that place, during a severe visitation of famine. The vessel proved unseaworthy, and though a captain of much experience, his labor was in vain, but a good name followed in his wake.

The subject of the present sketch was born 8th of April, 1817, at Port Louis, Mauritius, a British colony in the Indian Ocean, where he received the first principles of his extensive education at a private school. When quite young, he took charge of two Circulating Libraries and Reading Rooms for some two years.

He began the study of medicine in Paris, France, in 1838, under the careful guidance of MARTIN MAGRON, P. BÉRARD, CRUVEILHIER, TROUSSEAU, ORFILA, and others, all men of wide experience, much thought, and the representatives of an

important medical epoch. Not a few of his valuable discoveries were made while a resident of France. The peculiar facilities afforded men of science, together with the excellent libraries, which contain a faithful record of the past, enable one of determined zeal to go over the labors of former years, and form new theories for future development.

In 1839, we find him teaching natural history, chemistry, and natural philosophy; and in 1845, he commenced to lecture on physiology, and has ever since kept up the deepest interest in all of these branches of science. That which peculiarly rendered his didactic philosophy interesting, was the number of practical experiments brought immediately to bear on a given subject. His vivisections were conclusive as to success.

In November, 1838, he received the diploma of "Bachelor of Letters," and that of "Bachelor of Sciences," the following year, from the Faculty of Letters of Paris, and the Faculty of Sciences of Paris, respectively; both of them forming a part of the University of France.

On the 3d of January, 1846, he was formally graduated Doctor of Medicine from the Faculty of Medicine of Paris, which is a part of the University of France. His Inaugural Dissertation was a printed thesis on the "Vital Properties and Functions of the Spinal Cord," 4to., pp. 26. One cannot read this production without being led on by a fascinating course of writing, especially his own.

Dr. BROWN-SÉQUARD has practised successfully in the principal centres of medical science, in each place leaving traces of his original mind and wise suggestions wherever he has gone. He carried out his professional career in Paris, France, for many years, at various intervals, from 1847 to 1850, also in 1855, and from 1857 to 1859, likewise in 1865. In 1854, he resided at Port Louis, Mauritius, and not only practised, but acquired much that sowed the seed of future theories. In London, England, he attended the sick, and particularly prescribed for those nervously affected, from March, 1860, to September, 1863, and at Cambridge and Boston, Mass., 1864, lectured, and treated those who applied for his services. Since April, 1866, he has taken up his

abode in New York city, and it is to be hoped that, after his long and varied experience, he will remain with a community capable of appreciating his valuable suggestions, and will also collect in an uniform shape all his writings, that a complete set may be obtained by those enamored of what is wise, sensible, and full of important results. Though many of his writings are in English, the majority are to be found in the French language; but, ere long, one after another will find their way, through the medium of a faithful translator, to American minds.

In March, 1853, at Boston, Mass., Dr. BROWN-SÉQUARD married Miss ELLEN FLETCHER, a niece of DANIEL WEBSTER's first wife, and has now one son living, who is ten years old.

Being desirous of obtaining from the Doctor his exact views as to the effect of smoking, I addressed him a note, and received in answer the following reply: "I never smoke, and have seen the most evident proofs of the injurious effects of tobacco on the nervous system." This, though brief, is comprehensive, and may, with not a few, carry with it the force of a verdict. Though some of the deepest philosophers of Europe make *pipe* out their thoughts on abstruse subjects, yet I do not but believe that clearer premises would be a consequence of their abandoning the practice; though of a truth, it must be confessed that few men of mind could remain in their studies for as long a period, and reflect over their own cogitations with the same cautiousness of approach as those who calmly puff at axioms and wreath metaphors out of clouds of smoke. It has generally been my experience, that those who do not use tobacco are obliged to work or walk while thinking, for it is a necessary item in personal economy, that the body must in some measure be employed, in order that the intellect may rove at will.

On asking the Doctor if he did not have any special or favorite branch of practice, he replied: "I am chiefly consulted for nervous affections, both functional and organic, but I am not a specialist; and have studied, and continue to study every branch of medicine." When one sees the vast strides made each year in physiology, therapeutics, chemistry, and microscopic anatomy, the careful keeping up with the times may be more fully appreciated. In a literary point of view, one can scarcely read the table of contents. Soon medical science will divide human study.

Dr. BROWN-SÉQUARD's general health has been very good, being exempt from many of the affections that flesh is heir to. But a desire to investigate the contents of his own stomach, under different circumstances, by means of which he

could examine the gastric juice, or partially digested food, has brought on a rare affection, which is sometimes seen in man, namely, a persistent *merycism*, or rumination, when one is forced to chew a second time what has been swallowed. This has existed since 1844, in consequence of his having often performed on himself experiments, consisting in swallowing sponges, to which were attached threads; by drawing upon which the sponges were withdrawn from the stomach, containing gastric juice and liquid or liquified food, which he wished to study.

This sacrifice on the altar of science should be honorably recorded, as a disinterested effort by a truly philosophical man.

Though Prof. BROWN-SÉQUARD practised extensively in the above mentioned cities, his visits to Europe and this country were not confined to the dates before recorded.

His first visit to Paris, France, was in 1838, where he remained till 1842. He returned in 1843, and stayed there till a short time before the "*coup d'état*" of NAPOLEON in December, 1851, when he fled to London, but, after a few weeks, returned to Paris, and came to the United States for the first time early in 1852. He became a member of the Royal College of Physicians of London in 1860, and has received many honors from various foreign institutions.

On five different occasions he has been the recipient of prizes from the French Academy of Sciences; and so able were his efforts, that the Royal Society of London, under the auspices of the Queen, bestowed on him a portion of the grant, which was set aside for the promotion of his cause. Dr. BROWN-SÉQUARD has enunciated many interesting theories, and maintained scientific points, that have recently been more than ever endorsed by the members of his noble profession. Among these may be particularly mentioned his idea, eloquently supported, by both mind and facts, that "the fibrine of the blood is an excrementitious product, and not subservient to nutrition."

By a series of careful experiments, he succeeded in restoring the irritability of the muscles, soon after oxygenated and defibrinated blood had been injected, when a dead body had been long rigid. By repeating this with the same blood, it being oxygenated and defibrinated again, the irritability of the muscles was maintained for hours. Another statement of his is likewise worthy of mention. It is to the effect that arterial blood "is subservient to nutrition, while venous blood is required for muscular contraction." He also states that the animal heat of man is

103° F. Moreover, as it has generally been an accepted fact that poison tends to lower the temperature of the body, he suggests with much reason, that if an artificial heat be kept up the toxæmic influence will be lessened, and the chances of recovery increased inversely, etc. This theory—if carried out in clinical practice—would tend much to assist in the administration of remedial agents. But that which has peculiarly attracted his attention and given rise to profound discussion, has special reference to the spinal cord; which may truly be considered as the greatest discovery of that region, since the period when Sir CHARLES BELL unfolded to view the sensitive properties and “motor functions of the anterior and posterior roots of the spinal cord.” To use the words of another:* “As the result of numerous ingenious experiments, BROWN-SÉQUARD concludes that the sensitive fibres do not communicate directly with the brain, but convey impressions to the gray matter of the cord, by which they are transmitted onward to the brain, and that their decussation or crossing takes place in the cord itself, at or below the point at which they enter, not in the cerebrum or medulla oblongata. On the other hand, the anterior or motor fibres pass on directly to the brain, effecting their decussation in the medulla oblongata; the gray matter receives the impressions, conducts them to the brain, or reflects them upon the motor nerves, but is itself insensible to ordinary stimuli.”

In the modern views of nervous disorders the opinions of Prof. BROWN SÉQUARD are looked upon with respect, and followed with implicit faith, so earnest have been his endeavors, and so conscientious his experiments as regards the treatment of functional and organic affections of the nervous system. We find that he maintains that morbid manifestations may be due to a reflex influence; that pressure on the carotid for congestion of the brain does not diminish the supply of blood to the brain, but the benefit derived from it is due chiefly to the pressure on the cervical sympathetic nerve, which causes a contraction of the blood-vessels of the brain.

He is entirely opposed to extirpation of the testicle as a cure for epilepsy, deeming it not only irrational, but barbarous; recommends applying a white-hot iron to the head of patients when in the “coma of apoplexy, cerebritis, uræmia, or epilepsy;” and also as the most effectual cure

for neuralgia, and when the patient is suffering from rheumatic pains. On the same principle he strongly advocates ice along the spine. But that which seems especially to meet his high approval is the subcutaneous injection of morphia, quinia, etc. He advocates gallic acid in five-grain doses, six times a day, when the nervous derangements are due to congestion of the ovaries or kidneys, and does not particularly admire nitrate of silver for the treatment of locomotor ataxy, as it is often found to do more in the way of discoloring the skin than relieving the difficulty. For palsy he praises the chloride of barium, in from $\frac{1}{2}$ grain to one grain three times a day. It has also been found very serviceable in tetanus. He regrets that errhines are not oftener employed.

To enumerate the works and articles written by Dr. BROWN-SÉQUARD would be a difficult task, for they are in many languages, printed in different countries, and may be found in magazines, medical journals, physical periodicals, cyclopædias, and bound up with the lectures of other interesting savans. The medical and philosophical literature of this generation are greatly indebted to him for his widely diffused knowledge, and the many surprising *facts* made plain to the sense. A uniform set of his elaborate productions would find a ready sale, and be secured by every public library in the civilized world.

When it is mentioned that a complete list of his works, with a description of his writings, forms a pamphlet of twenty-seven pages, comprising the enumeration of *two hundred and nine* distinct treatises, it will be seen that the mere mention of their names would take up too much room in a periodical that can afford but limited space.

To give some idea, however, of the diversity of the subjects treated by the learned professor, the titles of a few will prove interesting and suggestive. Most of them are written in French:

- | No. | Subject. |
|-----|--|
| 1. | Rech. et Expér. sur la Physiol. de la Moelle Épin. 1846. |
| 7. | Sur l'État de l'Irritab. dans les Muscles Paral. 1847. |
| 13. | Hibernation des Tenrecs. 1849. |
| 14. | Rech. sur la Rigidité Cadav. et la Putréfaction. 1849. |
| 17. | L'action de Téter Indépendante du Cerveau. 1849. |
| 19. | Explication d'un Phénomène de Visibilité. 1849. |
| 26. | Rech. sur le Mode d'Action de la Strychnine. 1849. |
| 34. | Sur la Mort par la Foudre et l'Électro-Magnét. 1849. |

* See Appleton's Cyclopædia.

† Remarks made, by invitation, before the American Medical Association, at the late meeting held in Baltimore, 1864, and carefully reported in the “*Medical Record*,” Vol. 1, No. 19.

- | No. | Subject. |
|------|---|
| 64. | Apparition de la Rigidité Cadavér. avant la Cessation des Battem du Cœur. 1851. |
| 80. | Sur l'Irritab. des Muscles Paralysés. 1851. |
| 84. | Preuve de la Contractilité du Tissu Cellulaire. 1852. |
| 88. | Sur le Nutrition des Muscles pendant leur Contraction. 1852. |
| 100. | Sur un Fait Nouveau relatif à la Physiol. de la Moelle Épin. 1852. |
| 107. | Guérison de l'Épilepsie par la Section d'un Nerf. 1853. |
| 113. | Sur la Cause des Movements du Cœur. 1853. |
| 136. | De l'Influence de l'Asphyxie sur la Chaleur Animale. 1856. |
| 144. | Nouv. Rech. sur les Capsules Surrénales. 1858. |
| 155. | Course of Lectures on the Physiology and Pathology of the Central Nervous System, delivered at the Royal College of Surgeons of England, 1858. 276 pages, 3 plates. Philadelphia. 1860. |
| 158. | Lectures on the Diagnosis and Treatment of the Principal Forms of Paralysis of the Lower Extremities. 118 pages. Philadelphia. 1861. |
| 162. | Lois des Phénomènes Dynamiques de l'Économie Animale. |
| 178. | Sur quelques Caractères non encore Signalés des Mouvem. Réfl. Normaux. 1858. |
| 186. | Rech. sur l'Irritabilité Musculaire. 1859. |
| 192. | Remarq. sur des Cas d'Éphérose Parotidienne. 1859. |
| 195. | Sur un Cas de Greffe Osseuse. 1860. |
| 199. | Note sur les Mouvement Rotatoires. 1860. |
| 203. | Remarq. sur la Physiol. du Cervelet à propos d'un Mémoire de R. WAGNER. 1861. |
| 205. | Remarq. sur l'Action du Nerf-Vague sur le Cœur. 1862. |
| 207. | Remarq. sur la Physiol. du Cervelet et du Nerf Auditif. 1862. |
| 209. | Rech. sur la Transmiss. des Impress. de Tact, de Chatouillement, de Douleur, de Températ., et de Contraction (Scns Muscul.) dans la Moelle Épin. 1863. |

— According to the *Journal de Chemie Médicale* (*Boston Med. Journal*), the proportions of nicotine in the tobacco of various countries is as follows: Lot 7 96, Alsace 3.31, Virginia 6.87, Kentucky 6.09, Maryland 2.29, Havana 2.00 per cent. If a bit of cotton, impregnated with tannic acid, be placed in the tube of the pipe or porte-cigare, the passage of this poisonous principle will be prevented.

PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS OF THE TRUNKAL MUSCLES, WITH THE THERAPEUTIC INDICATIONS INVOLVED.

By E. P. BANNING, M. D.,

Of New York.

(Continued from p. 141.)

We propose now to consider this subject in its bearings upon the uterus, and to take a wider range than was taken in our recent article on uterine displacements, which was written before conceiving the plan of the present series, and referred more especially to uterine versions.

I first propose to take a cursory view of the normal pelvic arrangement, and, for the time being, consider it as an independent matter, complete in itself, and isolated from any other relations with abdominal or other parts.

1st. Unlike any other cavity, the pelvic walls are strong and unyielding, and hence, the insertions of uterine ligaments are more fixed than those of any other trunkal viscus; and also, that the uterine situ is more exempt from outside pressure.

2d. That the uterus is suspended, supported, and braced in mid pelvis, in the exact axis of the superior pelvic strait, by the combined supporting action of the cellular and membranous connections with the surrounding parts, and the circular contraction of the strong vagina below, and also by the suspending action of the broad and round ligaments.

3d. That notwithstanding the normal uterus is absolutely *insignificant* in point of weight and size, it has, by the above combination, a greater support lavished upon it by several times than it of itself could appropriate, or than any other viscus of three times its size has provided for it. Hence, before leaving this consideration of the pelvis as an *isolated* arrangement, I submit whether any comprehensive mind can locate the cause of uterine prolapse, or version in any of the pelvic tissues, all things being equal. To our mind the bare idea is absurd. Inasmuch as it would appear, that in view of the *weighty* extraneous contingencies, infinite wisdom has made a special display in arranging a large contingent support.

If it were not so, what would become of the uterine situ during the first four months of pregnancy? Whereas, it is patent that but few cases of gravid uterus are collapsed as a consequence; and also, that not one case in ten, of prolapsus, can refer to pregnancy as its primary cause—two most significant and instructive facts. Nevertheless, uterine prolapsus, versions, and flexions, are numerous, not only with matrons, but with vir-

gins. And as we are driven by anatomy, facts, and reason, from the pelvis, for the *primary* cause, where shall it be found? For a solution of this important question, we must examine into the influence of the whole superior trunk (and especially of the mass of overshadowing viscera) upon the uterus. But neither do we here find the cause of prolapsus in the shape of superincumbent weight. For, as has been repeatedly shown before, when the superior trunk is in its true mathematical bearing to the pelvis, such is the depressed and retreated position of the pubes, and the consequent oblique bracing of the pelvic floor (like half a roof), and the shallowness of the hypogastric abdominal cavity, that, but the most anterior position of the abdominal floor is exposed to pressure, and also the *vertical* force, upon this portion even, is *broken* by the incidental angle at which the weight strikes; and then to complete the negation of weight in the event of sudden depressing influences, as in jolting, and coughing; the shallow inferior abdomen, and tense oblique, pyramidalis and rectus muscles ever cause an instantaneous rebound, before the weight can exert more than an exercising and stimulating action upon the uterine conservators in the pelvis. Thus then it appears, that so far as the uterus itself is concerned, the supporting, bracing, and balancing tissues of the pelvis are more than adequate to maintain the physiological status of that organ; and, that in connection with the peculiar curves, plane, and angles of the skeleton trunk, the abdominal muscles consummate and preside with elastic dignity, and are a positive protection of the uterus against what would seem to be a crushing force from above; and also, that we are still without discovering the primary physical cause of uterine displacements. In this state of the facts, even our few successes by tonics, antispasmodics, and distending pessaries, are attended by the humiliating consciousness, that our treatment is unintelligent and uncertain, inasmuch as our pathology is crude.

We now despair of finding the object of our search, either in primary pelvic weakness, or abstract visceral weight, in the general or local conditions in Fig. 1, and, as a last hope, we turn our consideration from supposed morbid states of local parts, to the morbid bearings involved in Fig. 2, and here the most clear and inductive light breaks, at the threshold of the investigation.

How striking and complete is the contrast between the combinations of the two figures; in 11 the pelvis is horizontal, the pubes high, the dorso-lumbar spine retreated, the ensiform cartilage depressed, the head and chest fallen forward; the

distance between the sternum and pubes is diminished; the abdominal muscles flabbed, the antero-posterior hypogastrium greatly deepened, and the whole line of mobile viscera descended, and pressing with an unbroken and perpetual force directly upon the uterus, and, of consequence, imposing at least 20 times the burden upon the immediate uterine supports they were ever designed to carry. Need I ask what must be the result? Of course, by degrees, the very strongest vagina, cellular tissue, and uterine ligaments, must yield to the depressing force; under these auspices the uterus may wedge itself gradually into the vagina, until its contractile force is exhausted, the cellular and membranous connections become inoperative, and the ligaments elongated. Thus then, whatever may be the shortened and relaxed state of the vagina, the depressed, verted, or flexed state of the uterus, elongated state of ligaments, or depressed condition of viscera and trunk, we pass them all as secondary, and trace their cause to infidelity of the dorsal and abdominal muscles, which are charged with the high function of a *band* which compacts the straws of a sheaf, rendering it portable; or, of a federal constitution, which governs, protects, and binds all the states and territories into one harmonious union. But it may be contended, that whilst in some cases a relaxed condition of the trunkal muscles, and a consequent morbid bearing of the abdominal viscera, may aggravate, and even produce prolapsus, there may also be such an *independent* relaxed condition of the *pelvic tissues*, as may cause prolapsus without any muscular relaxation; and also, that versions, flexions, and obliquities, may be produced, without any abdominal influence, by an unequal action of the abdominal guys.

To this I summarily reply, that general and especial *abdominal* relaxation is pretty sure to accompany a pelvic one; that even if it did not, still the merest normal visceral weight (for there must be some always), will remain, and act as a culminator and sustainer of the evil, or, in other words, as "*the last grain that breaks the camel's back*," but for which nature might have resisted the evil. And lastly, that the question pending is not, what are all the influences in the interest of the evil? but, what are the ones which culminate it, which, if removed, would enable vital forces to educe the depressed energies of the parts concerned?

But before taking leave of the relaxed trunkal muscles, as a fundamental agency in prolapsus, I must first harmonize an apparent paradox in the above reasoning, viz.: In some of the most obstinate cases of prolapsus, there is neither

drooping of the body, or enlargement at the hypogastrium, as in Fig. 2, but, on the contrary, the form is erect, and very flat, thin, and straight from sternum to pubes, and so far from there *seeming* to be visceral pressure upon the uterus, there would seem to be the absence of any viscera to press. At first blush this would seem to be an argument against our premises, but closer thinking confirms the principle. For such cases, whilst there is less visceral weight to press, the pressure is usually more positive and direct, owing to two facts, viz., 1st. The pubes not breaking the pressure in front, as when there is considerable fullness at the lower belly. 2d. In such cases the small volume of viscera so imperfectly fill the abdominal cavity, that the inferior abdominal muscles cannot elevate them, on the one hand, and, on the other, what contractile action there is, is from the superior rectus and the transversalis, whose action is chiefly constricting at best, and, in the premises, exert a depressing, rather than an elevating influence. In defence of our position, it only remains for me to barely notice an opposing opinion of a distinguished writer on diseases of females, whose opinions it is hazardous generally to controvert.

This writer attributes prolapsus to a positive and contractile shortening of the vagina, whereby the uterus is dragged down, and, in proof of this, he alludes to the fact, that in prolapsus the vagina is always found shortened. This doctrine, to my mind, is so obviously untenable, that but for its distinguished source, I should not feel called upon to consider it. But seriously, how can this be? since the contractions of the vagina are chiefly circular, and not longitudinal; again, while it must be true that the vagina will be short, in the ratio of existing prolapsus, it is also equally true that its diameter is increased in the ratio of its diminished length; and also, that in such cases there is the most palpable proof of a passive or negative condition of the vaginal tissues, the depression of the uterus having shortened and flabbied it; just as drooping the body necessarily intensifies and flabbies the abdominal muscles by approximating their distal extremities.

Diagnostic Conditions in the Premises.

Having now considered the strong trunkal muscles as the culminating conservators of the true centripetal condition of the visceral bearings, and also of a relaxed condition of the same, as the deciding influence in uterine displacements, we now propose to take a comprehensive and critical glance at the status of each part concerned in decided prolapsus, with a view to a clear and ready diagnosis in such cases.

First, a digito-vaginal examination shows the uterus more or less low, and the soft parts more or less pushed before it, giving an open and full appearance and feeling to the vulva. In such a case the uterus occupies correspondingly below the line of the round and broad ligaments, and they are, of course, not only tensed, and the insertions dragged, but they are forced to occupy a more or less oblique position—something as would the arms to the body in a crucifixion. The cellular and membranous connections must also be strained by the fact, that the normal relations of the *bladder*, uterus, and rectum, are materially broken up in the downward direction. In the abdomen we find the intestinal chain elongated, on the one hand pressing heavily, and on the other ceasing to support the hypochondria and epigastrium as they should, and putting the whole set of superior ligamentous moorings upon the strain.

These are the leading physical facts, which, if philosophically considered, will furnish us, in most cases, with the clearest diagnostic indication, in the shape of sensations, quaintly, but forcibly expressed. For instance; in such case, if the patient's contour is intelligently noticed (as a general rule), the form is comparatively narrow at the hypochondria, and the hypogastric and iliac regions are correspondingly full and heavy; and when the lady sits, she about uniformly chooses a low chair, a stool for her feet, and the drooped position as the easiest, all these of themselves are sufficient to put the physician on the qui vive in the right direction, and in order to the full benefit before pulsing his patient, or examining the tongue, request her to tell you of her sensations in the plainest way. She may commence variously, but give her time, and she will, with the aid of her hands, and various expressions of countenance, deliver herself of something like the following: "Have aching, gnawing or grinding pains in the small of the back; hips feel as though they were coming apart; limbs tremble on standing and walking; feet are cold in summer time, and swell toward night; veins are varicose at the inner thighs; have an open feeling at the *parts*, as though something wanted to be born, or drop away; have a feeling of dragging, falling, or cramp in the groins; also a great sense of bearing down, and weight, at the bottom of the stomach, with cramps, and stinging pains in same regions, all aggravated by standing; have a great load—pressing or boring feeling in the end of the back-bone; am costive, or have sense of obstruction when bowels want to be moved, cannot retain my water, or else have difficulty in passing it."

I have given this unprofessional phrase, just as it is so apt to come from the unintimidated patient; for the benefit of the very young practitioner, who is fresh from his books and fluent tutor, and is likely to trust to his own acumen, with the pulse and tongue for his guide, and not to encourage the poor woman, to spin all of her yarn of troubles; or, if he does, not to fully appreciate or rightly interpret the force of her luminous but unprofessional expressions.

Now I submit, that considering the location of the pelvic nerves and bloodvessels; the tensed uterine ligaments, and the places of their insertions; the connections between the bladder and the uterus, the pressure of the latter upon the rectum, the weight of bowels upon the inferior abdominal walls, and the uterine ligaments; and the tensed condition of the ligaments of the primaria, together with the want of natural support at that point,—I say, I submit whether in the above descriptions, so quaintly expressed, we have not almost an infallible index and guide in the case of physical uterine trouble, which far exceeds the ambiguous indications of the skin, pulse and tongue,—although the latter need not be ignored.

The truth is, that there is such a thing as an *unerring language of sensation*; and when it comes to be rightly understood, it will greatly shorten our examinations, reduce our misjudgments and mistakes, and gladden our hearts with a certain diagnostic and prescriptive criteria, and elevate us in the eyes of ourselves and the world, as angels of mercy to suffering humanity.

Besides these, there are several sympathetic concomitants of importance, such as palpitation of the heart, hysteria, and disturbance of the head, with fickleness of memory, confusion of ideas, melancholy, causeless crying, etc. But among them all, I can say with confidence, that an oppressive heat in the top of the head comes nearest being a pathognomonic of uterine displacement; and when I meet with it in the absence of other most common symptoms, I press my investigations in expectancy of discovering some variety of uterine trouble.

Before closing on this division of the subject, I ask attention to the modifying, and even controlling influence of temperament in the premises; for without a good understanding on that point, the most accurate physician is liable to err in his diagnosis and treatment. Indeed, temperament at times seems to mock at ordinary rules of judgment, in different degrees of displacement, and but for a full knowledge of this fact, would entirely mislead the practitioner.

For instance, cases have come to me with the known physical and sympathetic symptoms of prolapsus, saying, "my physician says I have no displacement of the womb;" yet treatment had failed to meet the case. On strictest examination I could discern but slight uterine subsidence.

But on treating them as decided cases of prolapsus, the symptoms, as a rule, speedily disappeared. On the other hand, many of phlegmatic or lymphatic temperaments have come under my notice, where the uterus was completely extruded, and carried between the thighs under the regular performance of household and maternal duties; and yet the woman suffered barely local annoyance, and none of the sympathetic symptoms. Howbeit, these of course are exceptional cases. But the instruction drawn from them is, that when almost any form of morbid, nervous, mental, or other symptoms occur, *without* the ordinary physical signs of malposition or ulceration and do not readily yield to ordinary treatment, I do not hesitate to treat them as of uterine origin, and quite usually, with the happiest results.

In conclusion, I sum up on this point, with this opinion, that the *character* of a uterine condition is of more significance than the degree or extent of it.

[To be continued.]

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
April 18th, 1866. }

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

No Cicatrix after Operation on Young Child.

Lizzie W., aged two years and four months. One year ago, at this clinic, a sebaceous tumor was removed from the forehead of this child. There is a slight depression corresponding with the situation of the tumor, but beside this there is no evidence whatever of a scar. This shows that when an operation is performed at this early age, and the parts are brought well together, there is little danger of a cicatrix, and, in a great majority of cases, there is none whatever at the time of puberty. The depression existed prior to the removal of the tumor, it having been caused by the absorption of bone.

Nevus.

Henry A., six months of age. This child has a red tumor upon the neck, fully an inch in length, and one-third of an inch in diameter. It is chiefly venous in character, projects a little from the surface, and embraces, doubtless, the entire thickness of the skin. It is congenital, but is four times as large as when the child was born.

Such growths are liable to occur upon all parts of the body. They are frequently seen upon the upper lip, sometimes upon the lower, sometimes upon the eye-lid, the ears, the inside of the mouth, and elsewhere.

There are several varieties. One of the most common is simply an enlargement of the cutaneous and subcutaneous veins. In another form the enlargement is composed chiefly of capillary arteries, and, in this case, as the disease progresses, we find the tumor assumes a truly aneurismal character, that it pulsates, as an aneurism connected with larger arteries, synchronously with the contraction of the left ventricle of the heart. This is called aneurism by anastomosis, and was originally accurately described by Mr. JOHN BELL, of Edinburgh. There is another form partaking of the character of the two mentioned, that is to say, in which the arteries and veins are nearly equally balanced, where it is one-half venous, and one-half arterial.

The affection is generally congenital, or comes on a short time after birth, and goes on increasing until the tumor sometimes covers a very large space, and when it is arterial in great measure, it is always dangerous. The tumor sometimes becomes the seat of ulceration, and in this way the patient may die, exhausted by repeated hemorrhages. When the tumor is venous in character, even when ulceration takes place, which is uncommon, there is no danger, as the bleeding is easily overcome.

There are many methods of treatment. Vaccine matter inserted in the tumor, would, in all probability, lead to its obliteration very effectually. This is an operation which is sometimes practiced. Vaccine matter is inserted in the usual way in the centre of the tumor, or over the greater portion of it, lymph is poured out, the vessels of the part become consolidated, and ultimately obliterated. This treatment is applicable only, however, to the disease in its lighter form, more especially to the venous variety of nevus. It would not do to open an aneurism by anastomosis, for it might be followed by very serious hemorrhage.

There is another operation, which consists in transfixing the base of the tumor with one or more pins, and casting a ligature firmly around, for the purpose of strangulating the parts. Again, the tumor may be cut out. Some twenty-five years ago there was a great deal said about the insertion of needles, heated to a red heat. The operation was obliged to be repeated again and again, was painful and unsatisfactory. These tumors have been injected with nitric acid. But several instances are on record where death has followed this procedure, in consequence of the violence of the resulting inflammation, and it should not be practiced.

Another operation consists in injecting with persulphate or perchloride of iron, to coagulate the blood.

In this case the base of the tumor was transfixed by a pin, and a ligature thrown around it. This is a very safe, and generally a very effectual operation. The pin will be allowed to remain for four or five days, when it will be removed.

EDITORIAL DEPARTMENT.

Periscope.

Laceration of the Uterus.

At a recent meeting of the Obstetrical Society of London, as reported in the *Medical Press and Circular*, Dr. THOMAS RADFORD related minutely the histories of nineteen cases of laceration of the uterus, which had fallen under his notice. The accident from these cases seems to occur more frequently between the ages of thirty-nine and forty, and in women pregnant for the eighth time; but in those *enceinte* for the first time, it took place quite as often as it did in any of the other cases registered. The duration of the labor, from its commencement to the occurrence of the laceration, was generally from ten to thirty hours. Slight contraction at the brim of the pelvis appears to have been the most frequent cause. The author considers that, when the form of the pelvis is but slightly contracted, the os and cervix uteri partially descend, during labor, into or a little through the aperture of the pelvis, so that, as the head of the infant is forced down, the uterine tissues become fixed between this body and the pelvic bones. The fixity of this structure actually forms a *point d'appui*, from which the uterine fibres, during contraction, forcibly pull; and the great probability was that, sooner or later, the tissue either directly tore, or being first contused and softened, yielded. The cervix uteri is the part most frequently affected—sometimes the body of the organ was implicated. In eleven cases the laceration was longitudinal, in three transverse, in three oblique, and in one circular. Of the nineteen cases, three recoveries took place, or nearly sixteen or seventeen per cent. In all these cases there could not be found any with premonitory symptoms, which, of themselves, would warrant any operative measures being taken, in order to avoid the impending danger. Nevertheless, all the contingent circumstances of protracted labors should be carefully considered, especially those prolonged by mechanical impediment, and if they are produced by relative disproportion of the capacity of the pelvis to the size of the foetal head, measures of timely delivery should be adopted.

Dr. BARNES remarked that the first great cause of rupture was protracted labor; a second, rigidity of the os uteri, and he agreed with Dr. R., as to the necessity of incising the os; obliquity of the uterus, which causes it to be jammed in the pelvis; also, when there is a dead foetus in utero, there is a want of the resistency which a live child possesses, and the action of the uterus rather tends to squash than to expel it. Disease of the uterine tissue and softening depending on degeneration, either before or during labor, by the pressure of the foetal head against the pelvis, may lead to rupture.

Dr. BRUNTON observed that the cases which Dr. R. had collected were attended by midwives, and he knew that midwives were in the habit of giving very large doses of ergot. He believed

that this was one of the great causes of rupture of the uterus, and when it did not cause rupture, often gave rise to retention of the placenta.

Foreign Substances Simultaneously in the Trachea and Œsophagus.

Dr. MINER communicates to the *Buffalo Journal* a remarkable case of a child, three years of age, who had swallowed one of the new two-cent coin. There was some difficulty and pain in swallowing, and some obstruction in respiration, which in the course of three weeks increased, and the paroxysms of dyspnoea became so frequent and distressing, that tracheotomy was resorted to. But, although a full opening was made into the trachea allowing free access and exit of air, when these paroxysms commenced, it was apparent that no air could be inhaled. An exploring probe was passed rapidly, hoping to remove the obstruction, but nothing could be detected. The child died.

On post-mortem examination a two-penny coin was found imbedded in the Œsophagus, opposite the upper border of the sternum, the edges upon each side having caused ulceration completely through the tube, the walls of which were thickened, a complete opening was prevented by adhesive inflammation. This thickening of the tube caused considerable pressure upon the trachea, and would of itself have proved sufficient cause of death. But added to this, an uncooked bean was found, which had swollen somewhat and softened; this had evidently rested near the bifurcation of the trachea, perhaps partly upon or in one of its divisions, and had thus allowed of respiration. When air was freely admitted the coughing dislodged it, and the trachea was closed—closed by a substance unlike bone or metal, to be detected by a probe, but soft and yielding, and of such a shape as to close the passage as perfectly as possible. It was remembered by the mother, that the child a few days before had amused itself with some beans, and while thus playing, had suffered a violent turn of coughing and strangulation, since which she had appeared much more distressed.

A Case of Cancer of the Upper Part of the Œsophagus,

Involving the larynx and opening, externally, was reported by Dr. JACKSON, before the Boston Society for Medical Improvement, and is published in the *Boston Medical Journal*. The patient was a tall, thin, healthy woman, 70 years of age, without known cancerous antecedents. Rather more than a year ago, soreness of the throat, with dysphagia occurred, continuing and increasing until death, so that, from the time when Dr. COWLES (by whom the specimen was sent Dr. J.) first saw her, about nine weeks before, she could take no solid food. There was then a firm swelling in the form of a ring, over the upper part of the larynx, and along the left side of the neck, extending somewhat to the right side, discolored, looking like an abscess that would soon break. In a few days it opened like a carbuncle, by three or four small apertures, and discharged a considerable quantity of thin pus. About two weeks afterward, a probe was passed in toward the left side, and over two inches; and Dr. C.,

suspecting a communication with the diseased surface, gave the patient a little indigo-water, which soon appeared externally, and verified his diagnosis. Toward the last, about one-third of all the liquid she took was discharged externally, but none seemed to pass into the trachea, so as to cause choking, until the last few days. The pain or soreness was very great, extending into the left side of the neck and ear. Much mucus hawked from the throat, and during the last two days, some blood. From early in her sickness she was hoarse, occasionally quite so, but never aphonic. Dyspnoea commenced during the last three weeks, increasing in frequency.

The specimen shows an open and sufficiently defined ulceration of the Œsophagus, commencing about an inch below the glottis, extending downward two and a half inches, and involving nearly the whole circumference of the canal. At the lower extremity of the diseased portion, the morbid deposit appears in the form of a milky-white, soft, grumous, or half-liquified mass, of considerable size; and between the Œsophagus and larynx, upon the left side, all the tissues seem to be indefinitely infiltrated with the same. The inner surface of the larynx, upon the left side, and posteriorly, is extensively reddened, irregularly raised by this same deposit, and to a very small extent it appears to be ulcerated; there being a small opening through it into the diseased portion of the Œsophagus. The vocal cords seem but little affected. The thyroid cartilage was denuded to some extent, and being ossified, it had become necrosed.

Reviews and Book Notices.

Medical Electricity: Embracing Electro-Physiology and Electricity as a Therapeutic, with special reference to Practical Medicine: Showing The Most Approved Apparatus, Methods, and Rules, for the Medical Uses of Electricity in the Treatment of Nervous Diseases. By ALFRED C. GARRATT, M. D., Fellow of the Mass. Medical Society, Member of the American Medical Association. Third Edition, Revised and Illustrated. 8vo., pp. 1103. Philadelphia: J. B. Lippincott & Co. 1866.

Two opinions are probably impressed upon the minds of most physicians: That electricity must be capable of producing powerful effects in the treatment of disease; and that we know less about the management of its therapeutic agency than about that of almost any other remedy long in use. Does this large book solve all the problems of this subject, or afford the key to all its mysteries? We must, with regret, say that it does not. Yet it does, perhaps, as much as any book could do in that direction.

Though a third edition, Dr. GARRATT states in his preface, that it is mainly a new book. Every portion has been thoroughly revised, and several hundred pages of the last edition have been

thrown out, to be replaced by twice as much new matter derived from experience. While, however, it seems to contain, with the aid of citations from all who have written on the subject, from GALVANI and VOLTA to RADCLIFFE and ALTHAUS, the substance of what is known and thought upon Electro-Physiology and Electro-Therapeutics, our complaint is that the book is too big. It has a great deal of matter not at all necessary to the subject in hand. While in the first edition, allusion was purposely omitted to the concomitant medical treatment of cases in which electricity is used, in this a very large amount of space is occupied, not only with general and special therapeutics, but with general and special symptomatology and pathology. For example, four pages and a half (pp. 989—993) are given to the composition, qualities, varieties, and effects of tobacco; interesting, but out of place. Almost as well might an account of a magneto-electric machine occur in the midst of a treatise on botany! A large number of strictly anatomical diagrams are also inserted, of the brain, spinal marrow, muscles, etc., not more than two or three of which, at the most, are called for by the needs of the text; and the same remark may be applied to the appendix of forty formulæ of medicines for external and internal administration in various diseases.

To finish our fault-finding all at once, Dr. GARRATT has allowed a good many errors in spelling to escape his eye and hand, either in manuscript or proof. Thus we have albuminaria, for albuminuria, a number of times, and even in the index; besides trichiurius, silurius, rhythmatic, etc. The last word has place in a quotation from a review in a cotemporary medical journal; which, by the way, should have been acknowledged. Of proper names, we find ROMBURG, ALTHEUS, MUZER, SCOUTELLEN, H. BUNCE JONES, HYRTLE, HELNE, and HEULE, for ROMBERG, ALTHAUS, UNZER, SCOUTETTEN, H. BENCE JONES, HYRTL, and HENLE.

As to the author's principles, which are the gist of the subject, he states the following as fundamental (p. 259): "The direct current, acting on mixed nerves, can produce powerful muscular contractions with comparatively little sensation, or pain; while the inverse current can produce greater sensation, or pain, and that with greater 'reflex action;' while the muscular contraction is comparatively weak, or even totally wanting; also, that the reversing the direction of a current from second to second increases its exciting, reflex, and constitutionel effects."

This and other laws for practical application, deduced chiefly by DUBOIS-REYMOND, are essen-

tially ignored by DUCHENNE, as shown in Dr. GARRATT's citation from the latter, (p. 425,) of which the following are main points.

"In man, whatever be the direction of the currents, or the degree of vitality of the nerves they traverse, the same results are always produced when the conductors are applied to any portion over the course of the nerves—namely, muscular contractions and sensations. Various changes in the current-direction produce no appreciable influence over the sensibility or capability of voluntary muscular contractility in man."

We are glad to find that Dr. GARRATT enjoins, as does also DUCHENNE, with most other authorities, caution in the use of electricity in cerebral paralysis; the application being delayed, as a rule, to some six months after an attack of apoplexy, and then commenced with care. Dr. RADCLIFFE'S "paralyzing" therapeutics are not, in terms at least, endorsed.

A quite interesting account is given of the successful employment of the "galvanic antidote" for corrosive sublimate; namely, gold-leaf dusted with powder of iron, (ferrum per hydrogen of QUEVENNE.) As first suggested by Dr. BUCKLER, of Baltimore, this was found entirely available in an actual case, by Dr. CHRISTOPHER JOHNSON. An inert amalgam of gold and chloride of iron are formed by the decomposition of the sublimate.

Dr. GARRATT claims for himself the origination of the use of Faradaic electricity to produce momentary anæsthesia in the extraction of teeth; although the process was first published in Philadelphia, by Dr. FRANCIS.

Having expressed our opinion as to the somewhat unnecessary bulk of this volume, it is but just to say that it is agreeably written, and well printed and illustrated; so that, as the previous editions have been rapidly exhausted, a similar success is to be anticipated for this.

Flatulence.

Charcoal, when introduced into the stomach in a dry and fresh state, has the property of absorbing gases. It may be given freshly prepared and hermetically sealed in gelatine capsules. Three or four capsules are generally sufficient to give complete relief in cases of flatulence. The best charcoal for this purpose is made from vegetable ivory, and must not be finely powdered. It has been shown by direct experiment that twenty grains, or two capsules of the vegetable ivory charcoal absorb two and a half cubic inches of carbonic acid gas.—(Dr. A. LEARED, p. 86.)

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, AUGUST 25, 1866.

A PROFESSIONAL SATIRE.

Some of our older readers may be able to recall the circumstances connected with the origin and progress of Rutgers Medical College, in the city of New York, in rivalry of the old College of Physicians and Surgeons, which, prior thereto, had the entire field of students' patronage to itself. Several of the professors of the old school having taken offence at the action of the trustees, resigned their places, and established the new one, and by their superior reputation and ability, drew much the larger classes, seriously diminishing the income of the rival school. The contest between the two, during the few years of the existence of the new school, divided the interest and patronage of the general profession, and caused no little feeling of partizanship. To maintain their influence and standing, each resorted to every measure that could increase its own reputation, and sometimes to such as would tend to depress that of its rival, until finally RUTGERS was compelled to succumb to a law passed by the State Legislature, at the instigation of the old school trustees, preventing RUTGERS from giving diplomas to its graduates.

The first Professor of Anatomy in RUTGERS was the distinguished and eloquent JOHN D. GODMAN. Ill health, after two or three courses, compelled him to resign the chair, when a learned Irish anatomist, Dr. GEORGE BUSHE, was invited to take it. The competition of the two schools elicited not a little feeling and discussion in professional circles, and one of the results was the following satirical *jeu d'esprit* which has never yet, we believe, been in print. It having recently been exhumed by a friend, we are privileged to present it to our readers as a reminiscence of those days and scenes.

"Fleas are not lobsters, d— their souls."

SIR JOSEPH BANKS.

Says Johnny* to John A.,† "a lusus naturæ
We've found, we'll hold o'er it to night a grand jury.
'Twill kill RUTGERS hollow,—the boys of our class,
Shall BUSHE no more follow, but hold him an ass."
Says John A., "Some freshening we dreadfully lack,
This tall Irish giant has laid me on my back."
In the evening assembled the wondering few,
The subject displayed with all gravity due.
Demonstrator Johnny commenced his oration
With, "Sirs, 'tis to us of this great rising nation

To settle a point of immense dubitation;
Old GALEN, HIPPOCRATES, SYDENHAM, BOERHAAVE,
MASON, Good, and old CULLEN, that learned but poor knave,
Had doubts in their minds, those scholars so erudite,
If nature e'er formed that thing called hermaphrodite.
The question's resolved sirs; the subject before you
Presents—but our John A. with science will store you."
Then spoke the Professor,—"The matter is clear,
And the cause of formation the class shall now hear,
We shall prove all the truths of Sir EVERARD HUME,
And settle the question for ages to come.
Let the wittlings deride us, their follies shall screen us,
The *who* is deduced from our Hottentot Venus,
The biliary ducts, which receive all emetics,
Being formed"—when spoke the Prof. of Obstetrics,
"Tis a case of midwifery, 'tis a lapse of the uterus,
Thank heaven that none of the RUTGERS' boys hear us."
"By the bones of my rival,"* said John A., "I'm jammed,
My brain is with learning almost too much crammed;
'Tis a trivial mistake boys—haste, put out the light,
You've had quite enough of instruction to night."

Notes and Comments.

Cholera on the Mississippi.

Dr. P. C. REMONDINO, in a letter dated Wabash, Minn., Aug. 15th, 1866, says: "Cholera has shown itself up this way. Although it created quite a panic, I have not heard of any cases except those that occurred on board the steamer Canada, of the St. Louis and St. Paul Packet Line, which passed this port on the 13th inst., having had thirteen cases of cholera on board, seven of which proved fatal. The last case was attacked as the boat landed here at 8, A. M. He was put off here, this being his destination, and died at 10, P. M. The disease was confined to the deck passengers. Many of the cases boarded the boat this side of Dubuque. The case at this point came from La Crosse, Wis.

"Another steamer, the Reserve, is reported to have buried three cases to-day, but the report is unreliable."

How shall I treat Chorea?

A correspondent addresses us the following communication. It may suggest something on the subject which will be of value to our readers:

"I have been unsuccessfully treating a case of chorea for three months. I have used ferri carb. præcip. and wine, as freely as the stomach would bear them, with free purgatives. I have used oxyd of zinc, cimicif. rac., with bathing; iodide and bromide of potassium, with counter-irritation to the spine; blister to the sacrum. The patient is a young girl of fourteen. Has been subject to it at intervals for three years. Has never menstruated. Has never shown symptoms of an effort on the part of nature to establish the function. Will you, or some of your subscribers, advise what is to be done?"

* JOHN R. RHINELANDER, Demonstrator of Anatomy.

† JOHN AUGUSTINE SMITH, Professor of Anatomy.

* See Dr. Post, Eulogy, page 20.

Literary Exchanges.

The *Atlantic Monthly*, always laden with articles of general interest, is now rendered more interesting to the scientific reader, from the fact that AGASSIZ is giving, through it, his observations on his recent scientific visit to South America, under the title of "Physical History of the Valley of the Amazon."

Hours at Home, the best, though the least showy and pretentious of our literary monthlies, opens with an article on the "Fossil Remains of Vermont." Perhaps some of our readers are hardly prepared for the information, that in that now rugged, cold section of the country, are found skeletons of elephants and whales, besides those of monsters now extinct. These remains are found in peat or muck beds. The articles in this monthly are all valuable.

The Galaxy. This elegant fortnightly magazine commences a new volume—the second—with the number for September 1st. It has, as it deserved to be, been a decided success. There are three volumes a year, commencing on the first of May, September, and January. The first volume can be had, bound in cloth, for \$2.50.

Every Saturday has been so well received, that from the first of September it is to be enlarged to the extent of eight pages.

Subcutaneous Injections in Cholera.

Dr. N. B. SCOTT, of Hagerstown, Md., writes: "I have used the subcutaneous injection of morphia in several cases of violent cholera morbus, with almost immediate relief. I should expect good results from its use in cholera."

Errata. In Dr. McCLELLAN's article on the "Internal Use of Chloroform in the Treatment of Delirium Tremens," in the REPORTER for August 11, page 135, first column, line 23, for gtt. ix. read gtt. IX. (lx.) 60.

In REPORTER for August 18, page 152, 2d column, first line after (Fig. 8), read as follows:

to freshen the parts. The lining membrane of the bladder he does not disturb, unless it protrudes through the opening in excess. When the fistula was very small he hooked the tenaculum through both sides, and raising it up, cut out a circular portion with the bistoury. When the vesical mucous membrane concealed the margin of the fistula, interfering with its proper management, a soft sponge should be pressed through the opening into the bladder, and allowed to remain until the stitches are ready for adjusting. To remove the blood from the parts during the operation, little mops (Fig. 9) should be on hand. These are readily made by securing small bits of sponge, to whalebone, or rods of wood.

Vacancies in the Medical Corps of the Army.

By a reference to our advertising columns it will be seen that there are a number of vacancies in the Medical Staff of the army to be filled, besides many entirely new commissions to issue. This will afford competent young men an excellent opportunity to obtain respectable and permanent positions, and we have no doubt there are many who will avail themselves of it. There is also in this number a statement of interest to applicants. It will be found under Army News.

Correspondence.

FOREIGN.

DUBLIN, August 3d, 1866.

Amendment to the Medical Act.

EDITOR MEDICAL AND SURGICAL REPORTER:

A deputation from the Medical Council waited upon the President of the Council the week before last, in order to ascertain the intentions of the government with regard to the Medical Act Amendment Bill. The President of the Council said there was little prospect of the bill being introduced this session, but that every attention would be given to the preparation of a bill embodying the recommendations adopted by the Medical Council at their last annual meeting. The chief object of the proposed amendment to the Medical Act is to prevent unqualified persons from assuming titles, such as physician, doctor of medicine, surgeon, etc., not possessing those qualifications, and thus preventing the public being imposed upon. It is very difficult for the public at present to distinguish between a qualified and unqualified practitioner, consequently the ignorant are frequently caught in traps laid by quacks, and suffer much in health, as well as in pocket, by following the directions given by these pests of society. Under the present law there is no power to repress quackery in these countries, the only remedy being an action for damages, if the patient is injured by the quack. It is to be hoped that the proposed amendment of the Medical Act will abolish quackery. If the provisions, now under consideration, are carried out, the public will have no excuse for employing quacks, and, if injured by them, it will be their own fault. At present many suffer through the defective state of the law.

The London Workhouse Hospitals.

Many of your readers have, I dare say, perused the articles in the *London Lancet*, disclosing the horrible state of the Hospitals of the London

Workhouses. The publication of those reports has already produced most beneficial results, an influential meeting having been held in London, at which resolutions were offered, condemning, in the highest degree, and calling upon government to inquire into the present mode of treatment of the sick poor in the workhouse infirmaries. The government inspectors in their report, endorse everything charged by the *Lancet*, even going further than the *Lancet* Commissioner in their condemnation of the state of these hospitals. We may soon hear of new hospitals, built on improved principles, and in healthy localities, rising up to replace the wretchedly dilapidated and overcrowded buildings at present occupied for hospital purposes. I am happy to say that the workhouse infirmaries in this part of the kingdom, although admitting in many instances of considerable improvement, could not, I think, in any place, show such a disgraceful state of affairs, as we have just seen exposed in London.

Salaries of Medical Officers.

Hitherto the salaries of the Irish Poor Law Medical Officers have been paid altogether from the poor rates of the respective unions to which they were attached. To this system there were many objections, the chief being, that the poorer the district the more dispensary work for the medical officer, the less remunerative the private practice, and the less the pay, as the district could not bear the heavy rate necessary to remunerate the medical officer. We are likely to have this state of affairs altered, as the government are about relieving the unions of part of their medical expenses for the poor. A movement is also on foot at present to obtain retiring allowances for medical officers, worn out, or grown old in the service of the Poor Law. All public officers in the country, even those acting under the Poor Law Commissioners, have retiring allowances—the union medical officers alone are exempt.

Report of Poor Law Commissioners.

The Annual Report of the Irish Poor Law Commissioners has just appeared. The report is unusually satisfactory, showing a great decrease in pauperism. Although the expenses of the Poor Law Medical Service have increased, yet the health of the poor has not been worse than usual, showing that the increased expense is due to improvements introduced into this department. Another important point in the report is the satisfactory results which have been found to follow the working of the Compulsory Vaccination Act, which came into force the year before last, the number of deaths from small-pox having greatly dimin-

ished, and the cases of successful vaccination having greatly increased in number.

Cholera.

I regret to have to announce that cholera has become epidemic in several of the large towns in England, and at present is raging in London and Liverpool. On the first week in July only 14 deaths were reported in London from cholera and diarrhoea; the number in the second week increased to 32; in the third to 346; and in the fourth week the large number of 1250 deaths were reported from these causes, 900 being from genuine cholera; the disease is still on the increase in London.

Cholera appeared here on Friday, July 28th, having been introduced by a girl who arrived from Liverpool that day. On landing from the Liverpool steamer she was conveyed to a friend's house on City Quay, where she died; four other cases have occurred in the same house, three of these have died. The disease has not yet spread through the city, nevertheless every precaution has been taken to meet it in case it should. Two cholera hospitals have been established, one on the north, the other on the south side of the city; fortunately these hospitals have not yet been required.

T. W. G.

DOMESTIC.

"The American and British Services compared." EDITOR MEDICAL AND SURGICAL REPORTER:

In consequence of an article under the head of "Notes and Comments" in your Journal of the 28th ult., on Medical Officers of the British Army and Navy, I am induced to request you kindly to insert the few following remarks in your widely diffused Journal. Having served in both services, I consider myself capable of enlightening your readers on this, at present, most interesting subject. The chief reasons why so few candidates now present themselves for the English service are: First. "Because the examinations are competitive, and excessively and unnecessarily hard;" in fact, the standard has been raised to such a height, that only first-rate men can attempt to pass, and these can do much better out of the service, and consequently do not present themselves. In order, for those who do try for these appointments, to stand the slightest shadow of a chance of success, it is necessary for the majority to go through a four to six months' course of grinding (otherwise called quizzing), the fee for which is 15 guineas, or \$100 in currency. In the old country, as here, students are not overblessed with much money, and cannot afford to spend

three or four months in London at a great expense for boarding, etc., and this additional fee, which has to be paid to the grinder before the course commences, and which is not refunded should the candidate be unsuccessful (and which fee is equal nearly to that for a full term of lectures and hospital practice in many of our American schools), upon the chance of getting an appointment.

The second reason is, because, fortunately for the profession, the curriculum of study, and the preliminary classical and mathematical examinations are so severe, that the number of students has rapidly diminished. The consequence is, the profession is not overstocked, as here, and assistants find no difficulty in getting employment at large salaries, with comfortable homes, which they rightly consider far preferable to serving, with the rank of 1st lieutenant, for ten years or more, under some superannuated old ignoramus, with the rank of major, who, according to the strict regulations of the British service, may bully them to his heart's content. Now, as far as pay and rank are concerned, at the present high rates of living, the pay of an assistant-surgeon in the army in the old world is better than in our army (the rank being the same). The relative pay and allowances will be seen by referring to the following tables:

AMERICAN ARMY.	BRITISH ARMY.
The actual pay is about \$5 per diem. or \$148 per month. Allowance for Quarters \$18 per month.	12 shillings, or about \$4 per diem. 3 shillings, or about \$1, for servant, when on the Staff. Lodging money, \$6 per month. Field money, 2s. 6d., or 75 cents per day.
Total \$166	Total \$191

From the above clear statement it will be seen that the assistant-surgeon, on active service, receives about \$5 75 cents a day in the British army; whereas, in America, he scarcely gets \$5.

Then, again, when the assistant-surgeon is attached to a regiment, he is allowed a servant from that regiment, and he is then allotted good furnished quarters in barracks, taking his choice by seniority. And in garrison towns in England, Ireland, or Scotland, when there is no accommodation in barracks, two furnished rooms, with attendance, can be easily procured for \$16 a month, and board at one half the price we pay here, whilst, on the other hand, we can hire no decent unfurnished room for less than \$18 per month. Then, our neighbors are determined to make all they can out of the army officers, and we have to pay \$1 for a water melon, \$1 for a miserable phthisical chicken, \$10 for a turkey, and all other articles in the same ratio.

The position of the assistant-surgeon in our army is better than in the British, had he the

means to keep it up. He is generally in charge of some hospital, and may be looked upon in the same light as the East Indian assistant-surgeon, in every respect, but his pay. In India, in consideration of the bad climate, and extra expenses, the British Government allows him more than double pay, and extra servants. His pay is about \$12 per diem, exclusive of all allowances. I hope in these days of reform and improvement, the rank and pay of the Medical Department will receive the due consideration they deserve, and that educated gentlemen will obtain the rank and pay necessary for the support of themselves and families, or, I am afraid, we shall find a scarcity of candidates, and row in the same boat with our transatlantic cousins. The Army Bill just passed has benefited our department very little. The rank is not what it ought to be. An assistant-quartermaster enters the army with the rank of captain of cavalry; an assistant-surgeon with only that of 1st lieutenant. "The former is intrusted with 'stores,' the latter with human lives!" *Dixi.*

"ONE WHO HAS SEEN SERVICE IN BOTH ARMIES."

News and Miscellany.

Report of the Cholera Conference at Constantinople.

The Boston Medical and Surgical Journal says:

"Through the kindness of Dr. WILLIAM E. TOWNSEND, of this city, we have been allowed the opportunity of examining the printed report of the Cholera Commission which held its sessions in Constantinople during the early months of the present year. The document is, in our estimation, one of the most important on the subject of cholera which has ever been issued. It gives the results of the mature deliberations of the Conference, which was in session nearly two months. Recognizing the vast significance of the questions before them, and the importance of thorough and deliberate action, the whole Commission was subdivided into six committees, to which these questions were distributed for consideration. The report before us is the result of the joint labors of these committees, brought together in a common report. It is a large pamphlet of eighty-three pages, and the various subjects discussed are divided into thirty-three sections. Each of these sections is prefaced by a question, which is followed by a condensed *resumé* of all the most important facts in the history of cholera, bearing upon the point, with the arguments on both sides of the question. The whole is summed up, in each instance, with the conclusion of the Commission, printed emphatically in italics. The vote on each question is also given. We have the impression that this pamphlet was printed for pri-

vate circulation only, as we have seen no mention of it in the journals, although the recommendation of the Conference with regard to quarantine has been published. The copy before us came through the hands of an influential friend in Paris, direct from the Secretary of the Conference, Dr. FAUVEL. Under these circumstances, we feel that we cannot offer our readers this week anything so valuable as an abstract of this report. We have translated the questions at the head of each section, with the answer of the Commission in each instance, and the vote upon it. The whole pamphlet is eminently interesting and valuable, and worth translating. The names of the members of the Commission are as follows; The Count de Lallemand, the Count de Noidans and Segovia, *diplomats*, and Drs. Bartoletti, Bykow, Bosi, Dickson, Fauvel, Goodeve, Gomez, Baron Hübsch, Lenz, Maccas, Millingen, Monlau, Mühlig, Pélikan, Polak, Salem, Salvatore, Sawas, Sotto, I. Spadaro, and Van-Geuns.

FIRST GROUP OF QUESTIONS.—*The Origin and Genesis of Cholera; the Endemic and Epidemic Prevalence of this Disease in India.*

I. Whence did the cholera, called Asiatic, originally come? And in what countries does it exist in our day in an endemic form?

The Commission with one voice is able to answer without hesitation that the Asiatic cholera, which at different times has run over the whole world, has its origin in India, where it had its birth, and where it exists permanently as an endemic.

Adopted unanimously.

II. Out of India, does the Asiatic cholera exist in our day in any part of the world in an endemic form?

The Commission considers as demonstrated that the Asiatic cholera, wherever it appears, is never spontaneously developed, and has never been observed as an endemic (care must be taken to distinguish secondary foci, more or less tenacious in their character) in any of the countries which have been enumerated (Europe, etc.), and that it has always come from abroad. As for the countries in the neighborhood of India, while admitting it as probable that the cholera does not exist there as an endemic, the Commission does not feel itself authorized to come to any formal conclusion on the subject.

Adopted by all the members of the Commission, except MM. Polak, Sawas, and Van-Geuns.

III. Is there any reason to fear that the cholera may acclimate itself in our countries?

The Commission, without rejecting the possibility of the fact, regards it as problematic.

Adopted unanimously.

IV. Is there in the Hedjaz an original focus of cholera, permanent or periodic?

The Commission is of opinion that Asiatic cholera does not appear to have had in the Hedjaz its original focus, but it appears to have always been introduced there from abroad up to the present time.

Adopted unanimously, except by Mr. Goodeve.

V. Are there in India certain localities which

have the exclusive privilege of generating cholera, or which are more particularly favorable to its development? In other words, is cholera endemic in all parts of India, or only in certain regions which it is possible to circumscribe?

At this time the Commission can only answer that there are in India certain localities, comprised principally in the valley of the Ganges, where cholera is endemic, without being able to point out all of them, or to affirm that they have the exclusive privilege of giving birth to this disease.

Adopted unanimously.

VI. Do we know the causes by the concurrence of which cholera originates spontaneously in India, as well as the circumstances which make it take on an epidemic character?

The Commission feels obliged to limit itself to answering that we know not the special conditions under the influence of which the cholera breaks out in India and reigns there in certain localities as an endemic.

Adopted unanimously.

VII. What are the circumstances which concur in the development and the propagation of epidemics of cholera in India?

The Commission believes itself authorized in answering that pilgrimages are in India the most powerful of all the causes which tend to develop and propagate cholera epidemics.

Adopted unanimously.

SECOND GROUP OF QUESTIONS.—*The Transmissibility and Propagation of Cholera.*

VIII. Is the transmissibility of cholera proved to-day by facts which do not admit of any other interpretation?

Do not all these facts demonstrate conclusively that cholera is propagated by man, and with a rapidity in proportion to the activity and rapidity of his own movements? The Commission does not hesitate to answer in the affirmative.

Adopted unanimously.

The Commission, with unanimity, concludes that the transmissibility of Asiatic cholera is an incontestable verity, proved by facts which do not admit of any other interpretation.

Adopted unanimously.

IX. Are there conclusive facts which force us to admit that cholera can propagate itself at a distance by certain atmospheric conditions, by winds, or by any other change or modification of the surrounding medium?

The Commission answers that no fact has proved, up to the present time, that cholera can propagate itself at a distance by the atmosphere alone, whatever may be its condition; and that besides it is a law, without exception, that never has an epidemic of cholera extended from one point to another in a shorter time than was necessary for man to carry it.

Adopted unanimously.

X. How is the importation of cholera effected, and what are the agents of its transmission?

It may be said, without more specific statement for the moment, that if all modes of conveyance from countries affected with cholera are not

likely to propagate the disease, it is none the less prudent, at present, to consider all such means of conveyance as suspected. A more detailed examination will settle the question.

Adopted unanimously.

XI. Under what conditions does man import the cholera?

Man affected with cholera is himself the principal propagating agent of this disease, and a single cholera patient may cause the development of an epidemic.

Adopted unanimously; and—

XII. The Commission has been led to conclude that certain facts tend to prove that a single individual (with much greater reason many individuals) coming from a contaminated place, and suffering from diarrhœa, is able to cause the development of a cholera epidemic; or, in other words, that the diarrhœa called premonitory is able to transmit cholera.

Adopted unanimously.

XIII. What is the period of incubation?

In almost all cases the period of incubation, that is to say, the interval between the moment when the individual may have contracted the cholera poison and the commencement of the premonitory diarrhœa, or of confirmed cholera, does not go beyond a few days; all the facts cited of a longer incubation belong to the class where the contamination may have taken place after departure from the infected place.

Adopted unanimously.

XIV. Can the cholera be imported and transmitted by living animals?

There is no known fact which proves that cholera has been imported by living animals; but it is reasonable, nevertheless, to consider them, in certain cases, as belonging to the class of objects called susceptible.

Adopted unanimously, except by MM. Bykow and Lenz.

XV. Can cholera be imported and transmitted by linen, clothing, and in general by articles in common use?

Cholera can be transmitted by articles in common use coming from an infected place, and especially by those which have been used by cholera patients; and it also results from certain facts that the disease may be transported to a distance by these same articles when closely shut up from the outer air.

Adopted unanimously.

XVI. Can cholera be imported and transmitted by merchandize?

The Commission, while admitting with unanimity the absence of proof of the agency of merchandize in the transmission of cholera, admits (by a majority of 16 votes to 6) the possibility of the fact under certain conditions.

The negative votes were those of MM. Bykow, Goodeve, Lenz, Pélikan, Polak, and Van-Geuns.

In consequence, until more fully informed, the Commission believes that it will be wise to consider as suspected, at least under particular and determined conditions, everything coming (*route provenance*) from a cholera district.

Adopted unanimously, except by MM. Good-eve, Pélikan, and Polak, who declined voting.

XVII. Can the bodies of patients who have died of cholera import and transmit the cholera?

Although it is not proved by conclusive facts that the bodies of patients dying with cholera can transmit the disease, it is prudent to consider them as dangerous.

Adopted unanimously, except by M. Sawas, who declined voting.

On the Influence of Means of Communication.

XVIII. What influence do the various modes of communication, whether by land or sea, have upon the propagation of cholera?

The Commission answers, that maritime communications are by their nature the most dangerous; that it is they which propagate most surely cholera at a distance, and that next to them comes communication by railroad, which in a very short time may carry the disease to a great distance.

Adopted unanimously.

XIX. What is the influence of deserts upon the propagation of cholera?

The Commission, resting upon facts established by experience, concludes that great deserts are a most effectual barrier to the propagation of cholera, and it believes that it is without example for this disease to be imported into Egypt or Syria, across the desert, by caravans from Mecca.

Adopted by all the members of the Commission except MM. Monlau, Pélikan, Polak, and Van-Geuns, who declined voting.

The Influence of Crowding.

XX. What is the influence of crowds upon the intensity of epidemics of cholera, as well as upon the propagation of the disease? and under what conditions does it exercise its influence?

All crowding together of human beings, among whom cholera has been introduced, is a favorable condition for the rapid spread of the disease—and, if this crowding exists under bad hygienic conditions, for the violence of the epidemic among them.

That in this case the rapidity of the extension of the disease is in proportion to the degree of crowding, while the violence of the epidemic is, other things being equal, so much the greater according as individuals have been little exposed to the choleraic influence or not at all; that is to say, in other words, individuals who have already been exposed to the influence of a cholera atmosphere enjoy a sort of relative and temporary immunity which counterbalances the bad effects of crowding.

Finally, in the case of a dense crowd, the more rapid its separation, so much the more rapid is the cessation of the epidemic, at least if new arrivals of unaffected persons do not furnish new aliment for the disease.

Adopted unanimously.

XXI. What is the intensity and what the tenacity of cholera epidemics on shipboard?

The Commission replies that the intensity of cholera on board ships crowded with men, is in

general, proportionate to the crowding, and is so much the more violent, other things being equal, if the passengers have not resided in the focus of cholera from which they started; that on crowded ships the spread of cholera epidemics is ordinarily rapid; finally, the Commission adds that the danger of importation by ships, and that of giving rise to a grave epidemic, are not entirely subordinate to the intensity, nor even to the existence of choleraic symptoms appearing during the voyage.

Adopted unanimously, except by M. Monlau, who declined voting.

XXII. What influence does the accumulation in lazarettes of individuals coming from a cholera district exercise upon the development of cholera among the people at quarantine and in the neighborhood?

The Commission concludes that the crowding together of people coming from a place where cholera reigns in a lazaretto, has not the effect of producing, among the people at quarantine, a great extension of the disease; but that such a gathering is nevertheless very dangerous for the neighborhood, as it is calculated to favor the propagation of cholera.

Adopted unanimously, except by M. Monlau.

XXIII. What influence do great collections of men, in armies, fairs, pilgrimages, exercise upon the development and propagation of epidemics of cholera?

The Commission concludes that great gatherings of men (armies, fairs, pilgrimages,) are one of the most certain means for the propagation of cholera; that they constitute the great epidemic foci which, whether they march after the manner of an army, or whether they are scattered, as at fairs and in pilgrimages, import the disease into the country which they traverse; that these gatherings, after having been exposed, usually in a rapid manner, to the influence of cholera, become much less susceptible to its power, and that it disappears very speedily, unless newly arrived persons take the disease.

Adopted unanimously.

XXIV. What is the influence of dissemination upon the intensity and development of cholera epidemics?

The Commission concludes that the breaking up of a collection of people, at an opportune time, may render less violent an epidemic of cholera, and even arrest its extension; but that this scattering, on the other hand, gives rise to great danger of propagating it, if it take place in the midst of a region as yet unaffected.

Adopted unanimously.

XXV. What part belongs to the pilgrimage to Mecca in the cholera epidemics of our day?

The part of the pilgrimage to Mecca, as an agent in propagating cholera as regards the neighboring countries of Europe, (the only one with regard to which we have positive information,) has been the introduction of this disease into Egypt twice, with an interval of thirty-four years, during the hot season.

Adopted unanimously, except by M. Polak, who declined voting.

The Influence of Hygienic Conditions.

XXVI. What is the influence upon the violence of cholera epidemics exerted by hygienic and other conditions of locality; in other words, what are the assisting causes of cholera?

The Commission recognizes that the hygienic and other conditions which in general predispose a population to contract cholera, and consequently favor the intensity of epidemics, are: misery, with all its consequences; overcrowding, particularly of persons in feeble health; the hot season; want of fresh air; the exhalations from a porous soil impregnated with organic matters, above all, with the dejections from cholera patients.

In addition, the Commission think that, as it appears demonstrated by experience that the discharges of cholera patients contain the generative principle of cholera, it is right to admit that drains, privies, and the contaminated waters of towns may become the agents for the propagation of this disease.

The Commission adds, that it seems to result from certain facts that the soil of a locality, once impregnated with cholera detritus, is able to retain for a considerable length of time the property of disengaging the principle of the disease, and of thus keeping up an epidemic, or even of regenerating it after it has become extinct.

Adopted unanimously, except by M. Pélikan.

Immunity from Cholera.

XXVII. How is immunity from cholera to be interpreted?

The immunity which certain localities enjoy, that is to say, the resistance, permanent or temporary, general or partial, opposed by these localities to the development of cholera within their limits, is a fact which does not exclude transmissibility, but which indicates that certain local conditions, not yet entirely determined, are an obstacle to the development of the disease.

The same immunity, more or less complete, and more or less durable, which the majority of persons in the midst of an infected district enjoy, an immunity which attests the individual resistance to the toxic principle, is a circumstance to which we should attach the highest importance.

In point of view of epidemic development, it is the corrective of transmissibility, and viewed with regard to prophylaxis, it sets in operation proper means to arrest the ravages of the disease.

Adopted unanimously, except by MM. Monlau and Pélikan, who declined voting.

Deductions relative to the Generative Principle of Cholera.

XXVIII. From the facts above established, and which relate to the genesis, the propagation and the transmissibility of cholera, can we draw any precise conclusion with regard to the generative principle of the disease, or at least with regard to the media which serve as its vehicles, or receptacles; with regard to the conditions of its penetration into the organism, the ways by which it passes out, the duration of its morbid activity; in a word, with regard to all its attributes, a knowledge of which is important to guard against it?

In the actual state of science, we can only frame hypotheses as to the generative principle of cholera. We know only that it originates in certain countries of India, and that it dwells there permanently; that this principle is reproduced in man, and accompanies him in his journeyings; that it may also be propagated at a distance, from place to place, by successive regenerations, without ever being reproduced spontaneously outside of man.

Adopted unanimously, except by M. Goodeve, who declined voting.

XXIX. What are the vehicles of the generative principle of cholera?

Under the name of vehicles, the Commission intends to speak merely of the agents by means of which the morbid principle penetrates the organism. To this question the facts reply that the air is the principal vehicle of the cholera principle.

The action of the cholera miasm is so much the more sure as it operates in a confined atmosphere, and near the focus of emission. . . . It seems that it is with cholera miasm as it is with the miasm of typhus, which rapidly loses its power in the open air at a short distance from its starting point.

XXX. To what distance from a focus of disease can the principle of cholera be transported by the atmosphere?

The surrounding atmosphere is the principle vehicle of the generative agent of cholera; but the transmission of the disease by the atmosphere, in an immense majority of cases, is limited to a space very near the focus of emission. As for the facts cited of transportation by the atmosphere to the distance of one or more miles, they are not sufficiently conclusive.

Adopted unanimously, except by M. Goodeve, who declined voting.

XXXI. Independent of the air, what other vehicles are there of the cholera principle?

Water and certain ingesta may also serve as vehicles for the introduction into the organism of the generative principle of cholera.

This granted, it follows, so to speak, necessarily, that the passages by which the toxic agent penetrates into the economy are principally the respiratory passages, and very probably also the digestive canals. As for its penetration by the skin, nothing tends to prove it.

Adopted unanimously.

XXXII. What are the principal receptacles of the cholera principle?

The matter of the cholera dejections being incontestably the principal receptacle of the morbid agent, it follows that everything which is contaminated by the discharges becomes also a receptacle from which the generative principle of cholera may be disengaged, under the influence of favorable conditions; it follows, also, that the origin of the cholera germ takes place very probably in the digestive canal, to the exclusion, perhaps, of all other parts of the system.

Adopted unanimously.

XXXIII. What is the duration of the morbid activity of the generative principle of cholera?

It results from the study of facts, that in the open air the generative principle of cholera loses rapidly its morbid activity, and that this is the rule; but that under certain particular conditions of confinement, this activity may be preserved for an unlimited period.

Adopted unanimously.

Finally, the Commission adopts the following formula:

Observation shows that the duration of the choleraic diarrhoea, called premonitory—which must not be confounded with all the diarrhoeas which exist during the time of cholera—does not extend beyond a few days.

Facts cited as exceptional do not prove that the cases of diarrhoea prolonged beyond that period belong to cholera, and are susceptible of transmitting the disease, when the individual affected has been withdrawn from all cause of contamination.

Adopted by fourteen votes against four, viz., MM. Gomez, Millingen, Mühlig, and Salvatori; M. Monlau declined voting.

Here end the labors of the Commission, with regard to the origin, the endemic condition, the transmissibility and the propagation of cholera, and the historic sketch of the march of the epidemic of 1865, made by a sub-committee, of which Dr. BARTOLETTI was the Secretary, before being presented separately to the conference.

With regard to the different questions placed upon the programme, it is to be said, that by limiting themselves to drawing from facts the consequences which reasonably flow from them, the Commission thinks it has established sure foundations which will enable the conference to pronounce understandingly upon all questions relating to prophylaxis.

Signed by A. FAUVEL, *Secretary*.

The present report, having been discussed and adopted, chapter by chapter, was approved as a whole by all the members of the Commission.

Constantinople, May 21st, 1866.

Signed by all the members of the Commission.

The above abstract gives, in a condensed form, the substance of a report which confirms in the strongest manner, all that this and other journals in this country and abroad have maintained with regard to the communicability of cholera. It is not strange, therefore, that, as is stated by the French press, the Conference adopted the following propositions, presented by the French delegates, as we learn from the *Medico-Chirurgical Review*:

"To break off all communication—the moment cholera appeared among the pilgrims—between the Arab ports and Egyptian coast, leaving the land route followed by the caravan open for the hadjis for their return to Egypt. In other words, the pilgrims would be obliged to perform quarantine, either in the Hedjaz till the epidemic ceased, or in the desert in the caravan route."

Pension Examining Surgeons.

New York—Drs. R. C. McEWEN, Saratoga; JOHN O. SLOCUM, Syracuse.

Ohio—Dr. WM. T. SHARP, Cadiz.

Illinois—Dr. E. D. KILTOE, Galena.

The Cholera in Savannah.

Surgeon CALEB W. HORNER, chief medical officer of the Freedman's Bureau, has received a dispatch from Dr. LAWTON, Surgeon-in-Chief of the Bureau in Georgia, giving an account of the rise and progress of the cholera in Savannah. He states that the disease appeared simultaneously at several points, and was doubtless introduced by the deserting soldiers from Tybee Island. It yields very readily to treatment, but is well marked. Surgeon LAWTON says further, that thus far the disease exists in but a few cases in this city; but if it spreads, and many freed people have it, he would open the hospital to the citizens, upon agreement of the city authorities to furnish physicians, meat, ice, brandy, etc.

— ADULTERATION OF OPIUM. It is stated by LANDERER that opium is adulterated in Asia Minor (Turkey Opium), with crushed raisins and salep. The former is detected by ascertaining the presence of grape-sugar with TROMMER'S, BARRISWILL'S, or other tests; the latter will be recognized by tincture of iodine, showing the reaction of starch.

Army and Navy News.

ARMY.

MEMORANDUM.

For the information of persons desirous of entering the Medical Corps of the army.

[EXTRACTS FROM LAWS OF THE UNITED STATES.]

ACT OF CONGRESS Approved JULY, 1866.

SEC. 17. *And be it further enacted*, That the Medical Department of the Army shall hereafter consist of one Surgeon General * * * One Assistant Surgeon-General * * * One Chief Medical Purveyor, and four Assistant Medical Purveyors * * Sixty Surgeons, with the rank, pay, and emoluments of Majors of Cavalry. One hundred and fifty Assistant-Surgeons, with the rank, pay, and emoluments of First Lieutenants of Cavalry, for the first three years' service, and with the rank, pay, and emoluments of Captains of Cavalry after three years' service. * * * and all the original vacancies in the grade of Assistant-Surgeons shall be filled by selection by examination.

The number of vacancies now existing in the Medical Corps of the U. S. army is sixty, forty-six of which are original vacancies created by the Act of Congress, approved July 28, 1866, as quoted above.

All candidates for appointment in the Medical Corps, must apply to the Surgeon-General. U. S. Army, for an invitation to appear before the Medical Examining Board. The application must be in the handwriting of the candidate, stating age and birth-place, and be accompanied by testimonials from Professors of the College in which he graduated, or from other physicians of good repute. If the candidate has been in the medical service of the army during the war, the fact should be stated, together with his former rank, and time and place of service, and testimonials as to qualifications and character from the officers with whom he has served, should also be forwarded.

Candidates must be graduates of some regular Medical College, proof of which must be submitted to the Board before examination.

The morals, habits, and physical and mental qualifications of each candidate, will be subjects for careful examination by the Board, and a favorable report will not be made in any case in which there is a reasonable doubt.

The following will be the general plan of examination:

1. A short essay, either autobiographical, or upon some professional subject—to be indicated by the Board.
2. Physical examination. This will be rigid, and each candidate will be required to certify "*that he labors under no mental or physical infirmity, nor disability of any kind, which can in any way interfere with the most efficient discharge of his duties in any climate.*"
3. Examination as to general aptitude and education.
4. Written examination on anatomy, physiology, hygiene, surgery, and practice of medicine.
5. Oral examination on each of the above-mentioned subjects, and also on obstetrics, general pathology, chemistry, toxicology, medical jurisprudence, and materia medica.
6. Clinical examination, medical and surgical, at a hospital.
7. Performance of surgical operations on the cadaver.

The Board will deviate from this general plan whenever necessary, in such manner as they deem best to secure the interests of the service.

The Board will report the merits of the candidates in the several branches of the examination, and their relative merit in the whole, according to which, if vacancies exist within two years thereafter, they will receive appointments, and take rank in the Medical Corps.

An applicant failing at one examination, may be allowed a second after one year, but not a third.

No allowance will be made for the expenses of persons undergoing examination, as this is an indispensable prerequisite to appointment, but those who are approved, and receive appointments, will be entitled to transportation on their obeying their first order.

The pay and emoluments of Surgeons and Assistant-Surgeons are shown by the following table:

Surgeon, over ten years' service,	Surgeon, under ten years' service,	Assistant-Surgeon, over three years' service,	Assistant-Surgeon, under three years' service,	Pay per month.	SERVANTS.
80 00	80 00	70 00	\$33 33 4	No. of rations per day.	
8 72	4 36	4 36	\$36	Amount of rations per month.	
2	2	1	1	No. for which pay is allowed.	
32	32	16	\$16	Amount allowed for pay per month.	
13 00	13 00	6 50	\$6 50	Amount allowed for clothing per month.	
18	18	9	\$9	Amount allowed for rations per month.	FOURAGE FOR HORSES WHEN ACTUALLY KEPT
63 00	63 00	31 50	\$31 50	Total amount allowed per month.	
215 00	179 00	137 50	\$120 83	Aggregate amount receivable.	FOURAGE FOR HORSES WHEN ACTUALLY KEPT
4	4	3	2	In time of war.	
2	2	2	2	In time of peace.	

In addition to the above, Surgeons and Assistant-

Surgeons are allowed an additional ration per day, after the termination of every five years' service.

Quarters and fuel, or commutation therefor, are also furnished to Medical Officers.

JOS. K. BARNES,
Surgeon-General, U. S. A.

SURGEON-GENERAL'S OFFICE,
August 9th, 1866.

NAVY.

List of changes, etc., in the Medical Corps of the U. S. Navy, for the week ending August 18th, 1866.

Surgeon E. R. Denby, detached from temporary duty at Naval Rendezvous, New York, and placed on waiting orders.

Past Assistant-Surgeon J. S. Knight, appointed Surgeon from July 29, 1866.

Surgeon Job Corbin, ordered to report, September 1, 1866, for temporary duty at Marine Rendezvous, New York.

Acting Past Assistant-Surgeon detailed for duty on board the U. S. Ship Tahoma.

MARRIED.

ATKINS—KITTRIDGE.—In Barnstable, Mass., Aug. 8, by Rev. Mr. Weston, Dr. E. N. Atkins, of Provincetown, and Miss Tempie N., adopted daughter of E. L. Kittredge, of Boston.

DIED.

COLLETT.—Suddenly, at Peekskill, N. Y., on Wednesday morning, August 15th, John Collett, M. D., aged 62 years.

GALLAGHER.—In this city, August 13th, Dr. Joseph H., son of Captain John and Eliza Gallagher.

HEAP.—At his residence in Germantown, on the 11th inst., Major David P. Heap, M. D., late Paymaster, U. S. A., in the 40th year of his age.

HILL.—In Hanover, N. H., August 3d, Thomas P. Hill, M. D., aged 85.

METEOROLOGY.

August,	6,	7,	8,	9,	10,	11,	12.
Wind.....	S. Clear.	W. Clear.	S. W. Clear.	S. Clear.	W. Clear.	N. W. Clear.	W. Clear.
Weather.....				Shw'r.			
Depth Rain.....				5-10			
Thermometer.							
Minimum.....	59°	58°	60°	63°	57°	56°	58°
At 8 A. M.....	73	71	72	73	67	69	73
At 12 M.....	73	77	80	80	74	76	78
At 3 P. M.....	73	78	82	80	75	77	74
Mean.....	72.	68.50	73.50	74.	68.25	69.50	70.75
Barometer.							
At 12 M.....	30.1	30.1	30.	29.7	30.	30.2	30.3

Germantown, Pa.

B. J. LEEDOM.

PETERS ON CHOLERA.

A Treatise on the Origin, Nature, Prevention, and Treatment of

ASIATIC CHOLERA.

By J. C. PETERS, M. D.

One Volume, 12mo., Cloth, \$1.50.

This day published by

D. VAN NOSTRAND,

192 Broadway, New York.

. Copies sent free by mail on receipt of price.

495

SUMMER SCHOOL

OF

MEDICINE.

No. 920 Chestnut Street, Philadelphia.

ROBERT BOLLING, M. D., JAS. H. HUTCHINSON, M. D., H. LENOX HODGE, M. D.

EDWARD A. SMITH, M. D., D. MURRAY CHESTON, M. D.,

HORACE WILLIAMS, M. D.

The Summer School of Medicine will begin its second term on March 1st, 1866, and students may enjoy its privileges without cessation until October.

The regular Course of *Examinations and Lectures* will be given during April, May, June, and September, upon

ANATOMY,

SURGERY,

CHEMISTRY,

PHYSIOLOGY,

OBSTETRICS,

MATERIA MEDICA,

PRACTICE OF MEDICINE.

The subjects will be studied by the aid of Specimens, Manikins, Demonstrations, and Clinical Examinations of Patients.

Students will be given access to the Pennsylvania, Episcopal, and Children's Hospitals. The employment of the Microscope, and the microscopic appearance of the tissues and fluids in health and disease, with the chemical tests and reactions, will also be taught.

FEE, \$50.

SURGERY.

A Course of Lectures on SURGICAL DIAGNOSIS will be delivered by Dr. H. LENOX HODGE, during April, May, June, and September, at the Summer School of Medicine, No. 920 Chestnut Street, Philadelphia.

The history, causes, symptoms, and pathology of Surgical Diseases and Injuries will be carefully studied, and the means of recognizing and treating such disorders distinctly taught.

Instruction will be given in the use of the Microscope, Ophthalmoscope, Otoscope, Laryngoscope, Endoscope, and other specula; in Percussion and Auscultation, and other means now employed for physical examination.

FEE, \$10.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, and in Practical Obstetrics. They will be enabled to examine persons with diseases of the Heart and Lungs, and to attend women in confinement. The class rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text books, etc., will be constantly open for study.

The Winter Course of Examinations will begin with the Lectures at the University of Pennsylvania in October, and will continue till the close of the session.

Fee for Office Students (one year), \$100.

Fee for one Course of Examinations, \$30.

Class Rooms, No. 920 Chestnut St., Philadelphia.

Apply to

H. LENOX HODGE, M. D.,

N. W. corner Ninth and Walnut Streets.

479—530

NATIONAL MEDICAL COLLEGE.

MEDICAL DEPARTMENT OF COLUMBIAN
COLLEGE—SESSION OF 1866-67.
WASHINGTON, D. C.

The Forty-fifth Annual Session of the National Medical College will begin on MONDAY, the 15th of October, 1866, and end on the 1st of March, 1867. A general introductory to the Course will be given, after which the regular Lectures will continue, commencing at 4, P. M., daily.

FACULTY:

THOMAS MILLER, M. D., Emeritus Professor of Anatomy and Physiology, and President of the Faculty.

WILLIAM P. JOHNSTON, M. D.,* Emeritus Professor of Obstetrics and Diseases of Women and Children.

JOHN C. RILEY, M. D., Professor of Materia Medica and Therapeutics.

NATHAN SMITH LINCOLN, M. D., Professor of Surgery.

GEORGE C. SCHAEFFER, M. D., Professor of Chemistry.

GEORGE M. DOVE, M. D., Professor of Theory and Practice of Medicine.

JOHN B. KEASBEY, M. D., Professor of Obstetrics and Diseases of Women and Children.

JOHN ODRONAU, M. D., Professor of Medical Jurisprudence and Hygiene.

THOMAS R. CROSBY, M. D., Professor of Military Surgery.

F. FORD THOMPSON, M. D., Professor of Anatomy and Physiology.

H. P. MIDDLETON, M. D., Adjunct to Chair of Obstetrics and Diseases of Women and Children.

S. J. TODD, M. D., Adjunct to Chair of Surgery.

A. F. A. KING, M. D., Adjunct to Chair of Materia Medica and Therapeutics.

J. T. YOUNG, M. D., Adjunct to Chair of Theory and Practice of Medicine.

WILLIAM LEE, M. D., Adjunct to Chair of Anatomy and Physiology.

D. WEBSTER PRENTISS, M. D., Adjunct to Chair of Chemistry.

WILLIAM B. DRINKARD, M. D., Demonstrator of Anatomy.

FREDERICK SHAFHIRT, M. D., Curator of Museum.

The entire expense for a full Course of Lectures

by all the Professors is..... \$105 00

Single tickets..... 15 00

Practical Anatomy, by the Demonstrator..... 10 00

Matriculating Fee, payable only once..... 5 00

Graduating Expenses..... 30 00

For further information, address

JOHN C. RILEY, M. D., *Dean*,

No. 419 New York Avenue,

Between Fourteenth and Fifteenth Streets.

495—505

* Professor JOHNSON will deliver the Lectures on Difficult and Instrumental Labor.

NEW ORLEANS SCHOOL OF MEDICINE.

SESSION OF 1866 AND 1867.

D. WARREN BRICKELL, M. D., Professor of Obstetrics and Diseases of Women, etc.

HOWARD SMITH, M. D., Professor of Materia Medica.

I. L. CRAWCOUR, M. D., Professor of Principles and Practice of Medicine.

HENRY F. CAMPBELL, M. D., Professor of Surgery.

ALFRED C. HOLT, M. D., Professor of Clinical Medicine.

A. E. PETICOLAS, M. D., Professor of Anatomy.

J. D. BURNS, M. D., Professor of Physiology and Pathology.

Chair of Chemistry will be filled at an early day.

W. S. MITCHELL, M. D., Adjunct Professor of Anatomy and

Special Lecturer on Ophthalmic Surgery and Diseases of the Eye.

JOS. HOLT, M. D., Assistant to the Chair of Obstetrics.

A. W. PERRY, M. D., } Demonstrators of Anatomy.

FRED. LOEBBER, M. D., }

The Eleventh Annual Course of Lectures in this Institution will begin November 12th, 1866, and end March 16th ensuing. A Preliminary Course will begin October 15th, and will be free to all persons.

The Faculty, under the laws of the State of Louisiana, are Visiting Physicians and Surgeons to the great Charity Hospital, situated at the very door of the School, and their pupils have free access to the wards.

This Institution is amply provided in all respects for Didactic and Demonstrative Lectures, and the course will be thorough; but *daily bedside instruction*, the great feature of the School, is, on account of the location, really practicable, and will be pursued most thoroughly.

To effect this great object to the fullest degree, the Faculty are organizing an efficient corps of Assistants, and all the specialties will be practically illustrated.

The Dissecting Rooms are unsurpassed for extent and comfort, and will be opened on the 15th of October.

Dissecting material will be furnished gratis.

Twelve resident students for the Charity Hospital are annually elected.

FEES:

All the tickets.....	\$140 00
Matriculation, paid but once.....	5 00
Practical Anatomy.....	10 00
Diploma in Medicine.....	30 00
Diploma in Pharmacy.....	15 00

Candidates for graduation must be twenty-one years of age; must have attended at least two full Courses of Lectures; in an accredited Medical School, the last of which must be in this Institution; must have studied medicine three years; and must undergo a satisfactory examination before each member of the Faculty separately.

Board and lodging can be as cheaply procured in New Orleans as in any large city in this country.

D. WARREN BRICKELL, M. D., *Dean*,

495—499

185 Carondelet Street, New Orleans.

WAR DEPARTMENT,

SURGEON-GENERAL'S OFFICE,

WASHINGTON, D. C., August 10th, 1866.

An Army Medical Board, to consist of Brevet-Colonel J. B. Brown, Surgeon, U. S. A., President; Brevet Lieutenant-Colonel H. R. Wirtz, Surgeon, U. S. A.; Brevet Lieutenant Colonel Anthony Heger, Surgeon, U. S. A.; and Brevet Major Warren Webster, Assistant-Surgeon, U. S. A., Recorder, will meet in New York city, on the 20th of September, next, for the examination of candidates for admission into the Medical Staff of the U. S. Army.

Applicants must be over 21 years of age, and physically sound.

Applications for an invitation to appear before the Board should be addressed to the Surgeon-General, U. S. A., and must state the full name, residence, and date and place of birth of the candidate. Testimonials as to character and qualifications must be furnished. If the applicant has been in the Medical Service of the Army during the war, the fact should be stated, together with his former rank, and time and place of service, and testimonials from the officers with whom he has served should also be forwarded.

No allowance is made for the expenses of persons undergoing the examination, as it is an indispensable prerequisite to appointment.

There are at present sixty vacancies in the Medical Staff, forty six of which are original, being created by the Act of Congress, Approved July 25th, 1866.

JOS. K. BARNES,
Surgeon-General, U. S. A.

494—502

PHILADELPHIA SCHOOL OF ANATOMY.

College Avenue, East from Tenth St.

The Dissecting Room in this Institution, will open on September 1st, 1866. Lectures will be given during September.

The Regular Winter Course of Lectures on Special, Practical and Surgical Anatomy will begin on the 10th of October, 1866, and continue until March 1st, 1867.

Three Lectures and two examinations will be given each week, at 7 o'clock, P. M.

Fee for the Course, the same as that for Dissections and Lectures thereon in the Colleges.

R. STANSBURY SUTTON, M. D., *Lecturer*.

Office, 314 South 10th Street.

Janitor, JOHN CAMPBELL.

492—3m.

SURGICAL INSTRUMENT MAKER.—LOUIS V. HELMOLD, No. 135 South TENTH Street (opposite the Jefferson Medical College), Philadelphia, manufactures and keeps constantly on hand a general assortment of SURGICAL INSTRUMENTS, of the finest quality and most approved pattern.

ALBANY MEDICAL COLLEGE.

The next Course of Lectures in this College will commence the first Tuesday in September, and continue sixteen weeks. Fee for course, \$65. Graduation fee, \$20.

FACULTY:

ALDEN MARCH, M. D., Prof. of Principles and Practice of Surgery.

JAMES McNAUGHTON, M. D., Prof. of the Theory and Practice of Medicine.

JAMES H. ARMSBY, M. D., Prof. of Descriptive and Surgical Anatomy.

HOWARD TOWNSEND, M. D., Prof. of Materia Medica and Physiology.

JOHN V. P. QUACKENBUSH, M. D., Prof. of Obstetrics and Diseases of Women and Children.

JACOB S. MOSHER, M. D., Prof. of Chemistry and Medical Jurisprudence.

Saturday of each week is devoted to Surgical operations and several hundred cases of the most important operations are annually exhibited to the Class.

Materials for dissection are abundant, and furnished to Students on as reasonable terms as at any similar institution in the country.

Students are admitted free of charge to the spacious Albany Hospital, situated nearly opposite the College.

The Working Laboratory of the College is open during the year. Special attention paid to the determination, of purity and manufacture of Medicines—examination of Urine, and detection of Poisons.

Good board from three to five dollars per week.

JACOB S. MOSHER, Registrar.

Albany, July 1866. —492

DR. RICHARDSON'S

QUIZ,

IN CONNECTION WITH THE

LECTURES DELIVERED IN

JEFFERSON MEDICAL COLLEGE,

Is held every morning, commencing at a quarter before nine o'clock, in the rooms at the UPPER END OF CHANT STREET, entrance from Tenth, between Market and Chestnut Streets.

Medical Students visiting the city are invited to attend.
494—502

CASH CAPITAL, \$200,000.

THE UNITED STATES ACCIDENT INSURANCE COMPANY,

of Syracuse, New York. insures against
DEATH FROM EVERY CAUSE,

Whether ACCIDENT, CHOLERA, or DISEASE of any kind, with weekly compensation for DISABILITY from ACCIDENT.

COMBINED POLICIES FROM ONE TO FIVE YEARS.

ACCIDENT POLICIES FROM ONE MONTH TO TEN YEARS.

NO MEDICAL EXAMINATION REQUIRED FOR
ACCIDENT INSURANCE.

This is the only Company authorized by its Charter to issue COMBINED LIFE AND ACCIDENT POLICIES, uniting the benefits of both Life and Accident Insurance under one policy and premium, at the lowest rates consistent with the soundness of the Company and the security of the Insured.

Rates for Accident Insurance, FIVE DOLLARS for every \$1000, with FIVE DOLLARS weekly compensation.

A deduction of TEN per cent from above rates will be made to Physicians insuring direct at this office from the General Agent.

WILLIAM A. STEPHENS,

General Agent,
501 Chestnut Street,
Philadelphia.

486—537*

ST. LOUIS MEDICAL COLLEGE.

FACULTY:

M. L. LINTON, M. D., Professor of the Principles and Practice of Medicine.

A. LITTON, M. D., Professor of Chemistry and Pharmacy.

CHARLES A. POPE, M. D., Professor of the Principles and Practice of Surgery and of Clinical Surgery.

M. M. Pallen, M. D., Professor of Obstetrics and of Diseases of Women and Children.

CHARLES W. STEVENS, M. D., Professor of General, Descriptive, and Surgical Anatomy.

JOHN B. JOHNSON, M. D., Professor of Clinical Medicine and Pathological Anatomy.

JOHN T. HODGEN, M. D., Professor of Physiology and Medical Jurisprudence

FRANK W. WHITE, M. D., Professor of Materia Medica and Therapeutics.

E. H. GREGORY, M. D., Demonstrator of Anatomy.

L. DINKLER, Curator.

The regular Course of Lectures in this Institution will begin on the First day of October, 1866, and continue to the First day of March, 1867.

A Clinical Course of Lectures, in the several Hospitals of the city, will be delivered by the Faculty, during the Session, *free of charge*, and will afford the Student ample opportunity for a thorough knowledge of the various branches of Medicine and Surgery.

The Anatomical Rooms will be open for Dissections on the first day of October, for which abundant material will be furnished.

TERMS:

(Invariably in Advance.)

Regular Term of Lectures.....	\$105 00
Matriculation Ticket (paid only once).....	5 00
Hospital Ticket (free).....	
Dissecting Ticket.....	10 00
Graduation Fee.....	20 00

Further information may be obtained by addressing JOHN T. HODGEN, M. D., Dean of the Faculty. Office—Southwest cor. Fourth and Walnut streets, St. Louis, Mo. 494—500

VACCINE VIRUS FROM KINE.

Securely mounted for distant places.

One cecrop, or one capillary tube of liquid lymph, \$2.00 each.

EPHRAIM CUTTER,

Ex. off. a Vice-President of the

Mass. Medical Society,

Address, 13 Pemberton Square,
Boston, Mass.

489 t.f.

LOCAL ANÆSTHESIA AND ATOMIZATION OF LIQUIDS.

Will be sent by mail when requested, a pamphlet on "Atomization of Liquids," and Thudichum's method of treating Catarrh. By distinguished medical authority, with description of apparatus for these purposes, and for producing Local Anæsthesia by freezing with Rhigolene, as described by Dr. BIGELOW of Boston; or with Ether, as employed by Dr. RICHARDSON of London. Our apparatus for Local Anæsthesia freezes the flesh in from two to ten seconds when used with Rhigolene, and in about one minute with pure Sulphuric Ether.

The following is an extract from a note from Dr. J. H. BIGELOW:

"I have thus far found nothing better for freezing with Rhigolene than the tubes made by you after the pattern I gave you, and which I still use with your other apparatus."

Price of Apparatus for Local Anæsthesia..... \$6 00
Rhigolene, per bottle..... 1 00

Also,

LARYNGOSCOPES,

OPHTHALMOSCOPES,

HYPODERMIC SYRINGES,

and SURGICAL and DENTAL INSTRUMENTS of every description.

CODMAN & SHURTLEFF,
13 & 15 Tremont Street,
Boston, Mass.

488

DUNGLISON'S MEDICAL DICTIONARY.

New Edition. Price \$6.

Five new Subscribers to the MEDICAL and SURGICAL REPORTER and the amount for a year (\$25), will secure a copy of this valuable work. X

JOHN C. BAKER & CO'S COD LIVER OIL.

The testimony of the ablest professors of medicine, alike unsolicited and unequivocal as to the chemical and medicinal purity of Messrs. JOHN C. BAKER & CO'S COD LIVER OIL, testify the manufacturers in calling to its merits the attention of the medical faculty. The process of its facture involves only the loss of the characteristic unpleasantness of taste in the crude oil. Of its pharmaceutical virtues, not one particle is lost in the process of purification. The manufacturers are supported by Professors JACKSON and LEIDY, of the University of Pennsylvania, Doctors MUTTER, DARRACH, HARLOW-YARDLEY, KNIGHT, LUDLOW, and many other prominent practitioners, in inviting the faculty everywhere to test and to prescribe this oil in preference to the more than few unreliable brands that are frequently forced upon the market.

The details of the manufacture of BAKER'S COD LIVER OIL are supervised with jealous care. Nothing but the livers of the true Gadus Morrhua are used, and the result is a pure, almost tasteless and inodorous oil, such as the medical practitioner may prescribe with confidence and anticipate enjoyable results. Respectable apothecaries everywhere that medical literature is in circulation usually sell our brand of oil. The trade is supplied from our head-quarters in Philadelphia.

JOHN C. BAKER & CO.,
718 MARKET STREET.
Philadelphia.

444—495*

JUST OUT,

PRICE ONE DOLLAR, POST-PAID,
INSTRUCTIONS

IN THE

PREPARATION, ADMINISTRATION, AND
PROPERTIES OF
NITROUS OXIDE,
PROTOXIDE OF NITROGEN, OR
LAUGHING GAS,
FOR DENTAL AND SURGICAL PURPOSES,
BY GEO. T. BARKER, D. D. S.,

Professor of Principles of Dental Surgery and Therapeutics in the Pennsylvania College of Dental Surgery.

Also a full stock of all the apparatus and material used in making and administering the Gas, on hand and for sale by the publishers and subscribers.

Address,
RUBENCAME & STOCKTON,
Dental Depot,
825 Arch Street,
PHILADELPHIA, PA.

483—495

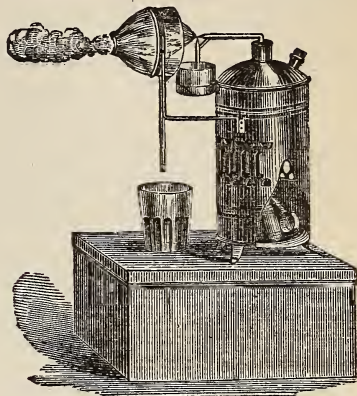
VACCINE VIRUS,
FRESH FROM HEALTHY WHITE CHILDREN,
FOR SALE BY

BULLOCK AND CRENSHAW,
Arch and Sixth Street,
PHILADELPHIA.
Price, \$1.50 per crust.

485—539

FEMALE MEDICAL COLLEGE OF PENNSYLVANIA.

The Seventeenth Annual Session of the Female Medical College of Pennsylvania will commence on Monday, October 15th, 1866, and continue five months. For further particulars address the Secretary, Mrs. E. H. CLEVELAND, M. D., North College Avenue and 22d Street, Philadelphia. 484—497*



THE NEPHOGENE.

The most compact, complete, and *cheapest* steam apparatus yet devised for atomizing medicated fluids for inhalation.

Securely packed for transportation in a metallic box, which also serves for a stand when the instrument is in use, and obviates the necessity of any additional fixtures. Can be used with any kind of atomizers.

Sent by express, on receipt of the price, to any part of the United States and Canada.

Price, \$10. Extra Face Protectors, \$1.00.

Every instrument will be thoroughly tested and warranted perfect in every respect.

"MASSACHUSETTS GENERAL HOSPITAL,
Boston, June 11, 1866.

WILLIAM READ, M. D.:

Dear Sir—The apparatus for atomizing medicated fluids for inhalation, arranged under your direction, has been used for some time in the hospital with entire success. It is perfectly safe, compact, and easily applied. I take pleasure in saying that it is the simplest and most convenient atomizer I have ever yet seen.

Yours very truly,

BENJAMIN S. SHAW, M. D.,
Resident Physician and Superintendent,
Massachusetts General Hospital."
WILLIAM READ, M. D.,
873 Washington Street,
Boston, Mass.

485

WILLIAM ELLIS & CO. WHOLESALE DRUGGISTS,

(At the old stand of Charles Ellis & Co.)

No. 722 AND 724 MARKET STREET,
LABORATORY.—Nos. 10 AND 12 SHOEMAKER ST.,
PHILADELPHIA,

OFFER FOR SALE TO
PHYSICIANS AND OTHERS,
A general assortment of
PURE DRUGS and MEDICINES

Orders from abroad will receive prompt attention.

457—508*

PRACTICAL INSTRUCTION IN THE TREATMENT OF DISEASES OF THE LARYNX, TRACHEA, POSTERIOR NARES, ETC.; WITH THE USE OF THE LARYNGOSCOPE.

The undersigned is prepared to teach LARYNGOSCOPY and RHINOSCOPY to physicians and advanced students.

A well attended daily clinic affords an admirable opportunity for practical experience in the manipulation of instruments.

TERMS:

In Classes..... \$15 00
Private Tuition..... 40 00

J. SOLIS COHEN, M. D.,

488 1106 Walnut Street.

SAMUEL S. WHITE (Successor to Jones and White), manufacturer of PORCELAIN TEETH and DENTISTS' MATERIALS, Gold and Tin Foils, Dental Instruments, Gold and Silver Plate operating Chairs, Corundum Wheels, Lathes, Furnaces, Rolling-mills, Blow-pipes, and all other articles used by the Profession. **SURGICAL INSTRUMENTS**, of the best quality, in cases or single, as may be desired, supplied to order, consisting of Lithotomy, Amputating, Trepanning, Obstetrical, and Dissecting Instruments. Catalogues sent on application. Also, publisher of the

DENTAL COSMOS: A Monthly Record of Dental Science. Devoted to the interests of the Profession. Edited by J. H. McQUILLEN, D. D. S., and Geo. J. ZEIGLER, M. D. Terms, per annum, in advance, \$2.50. Specimen numbers sent on application.

Depots—523 Arch Street, Philadelphia; 658 Broadway, New York; 16 Tremont Row, Boston; 102 Randolph Street, Chicago. 345

A WESTERN MEDICAL JOURNAL. THE MEDICAL REPORTER.

A SEMI-MONTHLY RECORD OF

MEDICINE AND SURGERY,

T. S. B. ALLEYNE, M. D., and O. F. POTTER, M. D., *Editors.*

Subscription, \$3 per annum, or 4 Copies for \$10, in advance.

ADDRESS,

P. M. PINCKARD, *Publisher,*

No. 80 Pine Street, St. Louis,
MISSOURI.

SEND FOR A SPECIMEN COPY.

483—X

NOW READY.

BIOGRAPHICAL SKETCHES OF DISTINGUISHED LIVING NEW YORK SURGEONS.

By SAMUEL W. FRANCIS, A. M., M. D.,

(Fellow of the New York Academy of Medicine, Author of "Mott's Clinics," "Water, a Philosophical Treatise," "Inside Out," a Psychological Novel, etc., etc.)

Reprinted from the *Medical and Surgical Reporter*.

One Volume 12mo., containing a beautiful steel engraving of the late Dr. MOTT, together with interesting sketches, anecdotes, and lists of the works and particular operations of Drs. MOTT, VAN BUREN, POST, J. R. WOOD, BATCHELDER, STEPHEN SMITH, etc., etc. Published by

JOHN BRADBURN,
New York.

PRICE \$1.25.

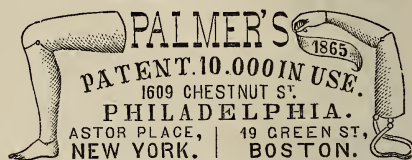
For Sale also at this Office.

X

HISTORY OF THE AMERICAN MEDICAL ASSOCIATION.—(With Portraits.) This splendid and complete work written by Dr. N. S. DAVIS, contains a complete history of the American Medical Association, from its organization to its meeting at St. Louis, in 1854. It contains splendid STEEL ENGRAVED PORTRAITS of Drs. JONATHAN KNIGHT, of New Haven, NATHANIEL CHAPMAN, of Philadelphia, A. H. STEVENS, of New York, JOHN C. WARREN, of Boston, R. D. MUSSEY, of Cincinnati, JAMES MOULTRIE, of Charleston, B. R. WELFORD, of Richmond, C. A. POPE, of St. Louis, and N. S. DAVIS, of Chicago. For sale at this office; Price \$1.

X

SURGICAL & ORTHOPÆDICAL INSTRUMENTS, ARTIFICIAL LIMBS, ETC.—D. W. KOLBE, 32 and 34 South Ninth Street, next door to the University of Penn'a, Philadelphia, manufactures to order, and keeps constantly on hand a general assortment of **SURGICAL INSTRUMENTS**, only of the best quality and most approved pattern. Attention is called to his **ORTHOPÆDICAL INSTRUMENTS**. Many years of indefatigable labor and extensive experience has earned him the patronage of our most eminent surgeons, and the public in general. He does not hesitate to say, that no establishment in this country or abroad has attained to such perfection in this important department. His **ARTIFICIAL LIMBS** are made in strict accordance with anatomical facts, and their construction is entirely different, lighter, and yet more durable than any others. For further information, address the manufacturer, **ARMY AND NAVY HOSPITALS**, and the trade in general, supplied on reasonable terms. *Orders by mail promptly filled.*
REFERENCES:—All the eminent surgeons of this city. 337



B. FRANK PALMER, LL.D.,
PRESIDENT OF THE AMERICAN ARTIFICIAL LIMB COMPANY.

These inventions stand approved as the "best" by the most eminent Scientific and Surgical Societies of the world, the inventor having been honored with the award of **FIFTY GOLD AND SILVER MEDALS** [or "First Prizes"], including the **GREAT MEDALS OF THE WORLD'S EXHIBITIONS IN LONDON AND NEW YORK**; also the most Honorary Report of the great **SOCIETY OF SURGEONS OF PARIS**, giving his Patents place above the **ENGLISH AND FRENCH**.

Dr. PALMER gives personal attention to the business of his profession, aided by men of the best qualifications and greatest experience. He is specially commissioned by the **GOVERNMENT**, and has the patronage of the prominent **OFFICERS OF THE ARMY AND NAVY. SIX MAJOR-GENERALS**, and more than a thousand less distinguished officers and soldiers, have worn the **PALMER LIMBS** on active duty, while still greater numbers of eminent civilians are, by their aid, filling important positions, and effectually conceal their misfortune.

ADVICE AND PAMPHLETS GRATIS.

To avoid the imposition of **COPYISTS**, apply only to

Dr. PALMER,

474

1609 Chestnut street, Philadelphia.

MICROSCOPES

Varying in Price from \$20 to \$400.

Microscopic objects of the following subjects in great variety: Anatomical preparations injected and mounted, both wet and dry. Sections of bone and teeth, Specimens in Natural History, Specimens in Chemistry for the Polaroscope, etc., etc.

Also glass slips, thin glass covers, Canada balsam, marine glue, etc., and for mounting objects, and in fact every thing required by a microscopist, made and for sale by

JAMES W. QUEEN,
924 Chestnut Street,
Philadelphia.

513

Priced and Illustrated Catalogues sent free.

THE CONNECTICUT MUTUAL LIFE INSURANCE COMPANY

IS THE LARGEST IN AMERICA.

It has the largest amount insured.
It has the largest surplus.
It has the largest income.
It has the largest business.
It has the lowest average expenses.
It obtains the highest rate of interest on its investments.
(See Massachusetts Insurance Reports.)

It therefore affords Life Insurance at less cost than any other Company

DIVIDEND OF 1866,

(NOW BEING PAID.)

SIXTY PER CENT.

All Policies issued by this Company are either

NON-FORFEITABLE

by their terms, or may be converted into those which are non-forfeitable, at the option of the insured.

WALTER H. TILDEN, Agent,

404 Walnut Street,
Philadelphia.

472—501*

THE MEDICAL AND SURGICAL REPORTER.

No. 496.]

PHILADELPHIA, SEPTEMBER 1, 1866.

[Vol. XV.—No. 9.]

ORIGINAL DEPARTMENT.

Communications.

PLACENTA PRÆVIA.

By E. A. Wood, M. D.,

Of McKeesport, Pa.

Mrs. H., æt. 35; in ninth month of third pregnancy. Constitution good, former labors natural, and no unusual symptom during present gestation, until May 21st, when I was sent for to arrest a bleeding from the vulva. On examination, the hæmorrhage was found to proceed from the uterus, but no revelation of the cause. I suspected it to arise from implantation of the placenta at or near the os uteri.

She was put to bed, and perfect rest enjoined, not permitting her to rise for any purpose whatever. Pulse 98. Gave her one-sixth grain of morphia every hour until bleeding ceases. Also prescribed acidulated drinks and light diet.

May 22d. Hæmorrhage has ceased, pulse natural. Kept her in bed. Three days afterward, the case progressed so well that she was allowed to move about in her room, but further exercise was positively forbidden.

May 30th. Bleeding returned, but in a moderate degree, and was speedily restrained by the foregoing treatment. I now apprised her husband of what I believed to be the cause of the bleeding, and charged him to send for me immediately on the approach of labor.

June 4th. Was summoned, and found that Mrs. H. had been already two hours in labor. The pains were now frequent and severe. She had lost considerable blood, and was now bleeding profusely with every pain.

The os was soft, and dilated enough to admit the ends of three fingers. The soft spongy texture of the placenta was felt, apparently occupying fairly by its centre the os internum. Applied the tampon, gave one sixth-grain doses of morphia, and one dose of vinum ergota. Did not rupture the membranes, because first, the placenta would have to be partially detached be-

fore they could be reached; second, I resolved to bring down the feet, and did not want the membranes broken until dilatation was complete; and third, as rupturing the membranes is generally for the purpose of increasing the force of the pains, it was unnecessary in this case, for the contractions were already severe and regular.

After waiting an hour and a half, during which there was no evidence of hæmorrhage, I removed the tampon, which was followed by a small quantity of blood. The os was now found to be dilatable, and the time for prompt action had come. Not being able to determine the presentation, I presumed the one which is known to be the most frequent, and introduced the left hand into the vagina. I now ascertained that the placenta was still firmly adherent on the right side, but was detached on the left, and as I believed it was better to pass the hand that would detach the least placenta, I removed the left and introduced the right hand.

This change of hands was awkward all around; it was awkward to introduce unnecessarily the left hand, and it was now awkward to employ the right hand to bring down the feet—the child being in the first position. During this delay, too, she bled very profusely. The feet were now brought down, and a full dose of ergot given. In a few moments, the head was born, immediately followed by the after-birth.

The child was dead, and had the appearance of having perished from loss of blood, rather than by asphyxia. It was pale, muscles flabby, and the vessels of the cord appeared to be empty. Certainly, had it died from want of oxygenation of blood, the vessels should have retained their fulness. Neither would it in so short time have exhibited the bleached ex-sanguine appearance so characteristic of bodies after fatal hæmorrhage. Again, the mother assured me that she felt the movements of the child at the moment I concluded the removal of the tampon, and as the placental surface on the right was still firmly attached when I performed the pedalic version, and as the remaining stage of labor was so quickly concluded, it seems unquestionable that the child perished from loss of blood *via* the placental surface.

The bandage was put on, stimulants freely given, and the woman soon rallied. The debility and anæmia persisted for several weeks. She was troubled for more than a year with procidentia uteri, but at present enjoys good health.

In a case like the foregoing, Prof. SIMPSON, of Edinburgh, advises complete separation of the placenta, by which the hæmorrhage will be promptly arrested. If this be true, then turning would be unnecessary and wrong. After separation of the placenta, version by the feet would scarcely or never save the child's life; and as the mother is comparatively safe when the hæmorrhage is arrested, then delivery by the vertex would be the most natural, it would be the easiest, and should be waited for.

But I would hesitate to detach the placenta in such a case. It is almost certain to destroy the child, and it appears to me a question *sub judice*, whether it is a security against hæmorrhage. By allowing the placenta to wholly or partially retain its uterine relation, you give the child a chance for its life, and I do not think you increase the mother's danger.

Chloride of Sodium in the Treatment of Wounds.

The *New Orleans Medical and Surgical Journal* quotes, from the *Union Médicale*, Dr. DERVANDRE's views regarding the beneficial effects of chloride of sodium in the treatment of wounds. It causes fetidity to disappear at once, when applied. Another immediate phenomenon is the pinkish hue it gives the decomposed sanguineous blackish liquid which covers the wound. At the same time there is experienced a sensation of cold and of pricking in the wound, which may even become slightly painful. The suppuration diminishes rapidly in quantity, and, if sanious, it becomes healthy in a few days. The wound granulates and cicatrizes rapidly. The change evidenced in wounds by the chloride of sodium has a happy effect on the system; the appetite improves, and the patients acquire strength. Dr. D. reports 400 cases thus treated. In one case only was there pyæmia. There was neither erysipelas, nor tetanus, nor hospital gangrene, present in any of these cases, though the hygienic conditions of the hospital were bad. Dr. D. commences with a solution of about a drachm to a pint of water, increasing it in strength to saturation. The solutions are injected in fistulous tracts, or on the surface, according to the nature of the wound.

— A CASE OF MENSTRUATION AND ABORTION at seventy-two years of age is mentioned by the *Bulletin de la Soc. Méd. d'Angers*. In March, 1863, twenty-four years after the last previous catamenia, she menstruated for three days; the same happened on the 2d of April and 4th of May. In June and July the catamenia appeared again. She lost a two months' fetus in October.

VESICO-VAGINAL FISTULA:

Its History and Treatment.

By D. HAYES AGNEW, M. D.,

Demonstrator of Anatomy and Assistant Lecturer on Clinical Surgery in the University of Pennsylvania; one of the Surgeons of the Pennsylvania Hospital; and one of the Surgeons of the Wills Hospital for Diseases of the Eye.

(Continued from page 156.)

Dr Sims' Later Operation.

To the clamp there are objections, and these were soon discovered by Dr. SIMS, and the operation so modified as to add greatly to its simplicity and perfection. The modifications consist in the introduction of the metallic threads without those of the silk, and dispensing entirely with the clamps, adjusting the wound and securing the wires by twisting alone, which he accomplishes by drawing, with a pair of forceps, the ends of the wire through the slit at the end of his adjuster, (Fig. 20,) and then, while thus firmly held, the forceps, by a rotary movement, twirls the wires about each other, so as to make them secure.

FIG. 20.

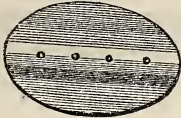


SIMS' method of coaptating and securing wires by an adjuster and forceps.

Operation of Dr. Nathan Bozeman,
Formerly of Alabama.

The name of Dr. BOZEMAN is well known, both in this country and abroad, in connection with vesico-vaginal fistula. Several papers from his pen have appeared on the subject, all proving unusual dexterity and success as an operator. The chief novelty in his method is what he terms the button suture, (Fig. 21,) com-

FIG. 21.



BOZEMAN'S lead button.

posed of a piece of thin lead cut to fit the opening, and having in it small holes answering to the number of wire sutures employed; also leaden crotchets to secure the button. The patient is placed in the position recommended by SIMS; a duck-bill BOZEMAN speculum introduced; and while the parts are controlled by a long tenaculum or forceps, the edges are pared by straight and curved bistouries; sometimes using the curved scissors. See Figs 22, 23, 24, 25, 26. This

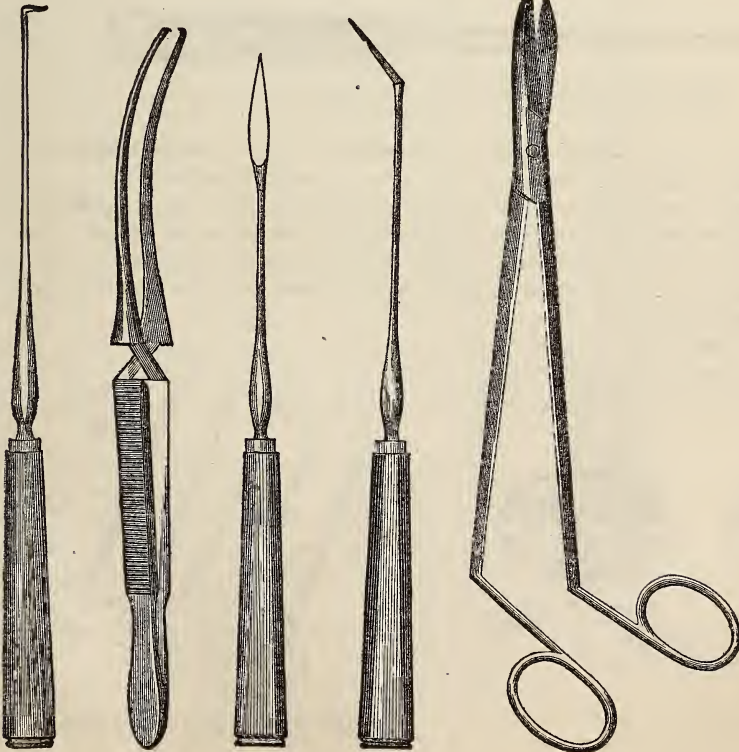
done, the requisite number of silk threads are introduced with short, straight, spear-pointed needles, from half an inch to one inch in length, grasped in the jaws of a needle holder. (Fig. 27.) The needle is entered some distance from the freshened border, and carried obliquely through, first the proximal side of the fistula, penetrating as deep as the vesical mucous membrane, and then, after being adjusted to the needle-holder, through the distal side, being drawn through with a pair of long forceps, counter-pressure being made with a blunt hook, similar to SIMS' instrument. The threads being all passed, each one is securely fastened by its lower end to a silver wire, and as the one is drawn out, the other

FIG. 27.



FIG. 22. FIG. 23. FIG. 24. FIG. 25.

FIG. 26.



BOZEMAN'S needle holder—a long stem, with two claws at its extremity, with a canula to slide up and down, closing and opening the jaws. Also examples of the BOZEMAN needle.

takes its place, a fork being used, as in Sims' method, to guide the sutures and support the soft parts.

The next step consists in passing both ends of each suture through an instrument called an adjuster, (Fig. 28,) and drawing on the wire, as it is run down, the wound is brought to-

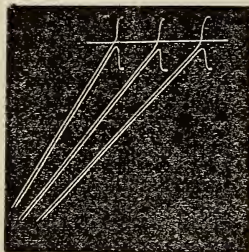
on wires and button. The operation is finished by cutting off the wires a short distance above the crotchets, and turning an end down on either side. (Fig. 32.) The patient is placed in bed, on her back, the catheter introduced, the bowels kept closed by opium, and an unirritating diet allowed.

FIG. 28.



Adjuster.

FIG. 29.



The sutures after being passed through the adjuster.

FIG. 30.

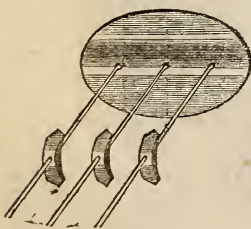


BOZEMAN'S instrument, having an angular and concave extremity, to model the button to the surface of the vesico-vaginal septum.

gether and a set given to the thread, which contributes to so maintain it. (Fig. 29.) The wires are next passed through the perforations in the lead button, and the latter pressed down upon the line of approximation, and made to conform to the surface against which it rests by means of an instrument represented in Fig. 30.

To secure the button firmly in place, pieces of lead or crotchets are run down the wires (Fig. 31) and compressed, by a pair of strong forceps, both

FIG. 31.



Exhibits the crotchets being passed down the wires.

FIG. 32.

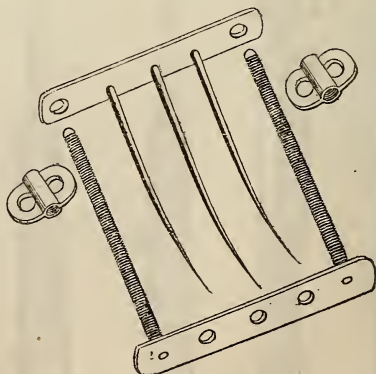


Button and crotchets adjusted, wires cut and turned down.

Operation of Dr. J. Hunter McGuire, Formerly of Philadelphia.

The patient being placed in the position recommended by Sims, the edges are to be pared with a long-handled bistoury, and brought together with the instrument delineated in (Fig. 33.)

FIG. 33.



Representing McGuire's instrument for vesico-vaginal fistula.

This consists of a plate of silver, having a hole near each extremity, and three needles, slightly curved; soldered to its front surface a second silver plate, of the same size and shape as the first, having fastened to each end a thread-screw, and three holes corresponding in position to the three needles on the other plate, and lastly, two female screws.

Application. With a strong pair of forceps the plate supporting the needles is grasped, their points passed through the posterior lip of the fistula, and brought out through the anterior one. Through the perforations at either end of this plate are next passed the thread-screws of the other plate, and through its perforations the extremities of the needles. The female screws are next run down the thread, forcing the clamp together, until the edges are in close contact.

Operation of Dr. J. Y. Simpson,
Of Edinburgh.

The operation of this distinguished Scotchman, certainly one of the representative medical men of the age, differs chiefly in substituting, for the BOZEMAN button, a wire splint, prepared as follows: He takes ten or fifteen strands of metallic thread, and twists them into a cord, the ends of which are then doubled over each other, and plaited round into the form of a circle, which may, being very flexible, be pressed into any figure desired. With an awl, or any sharp-pointed instrument, the required number of holes may be made, by passing it through among the wires. These perforations are for the iron thread sutures. For the introduction of the sutures, Dr. SIMPSON uses an ingenious needle (Fig. 34), together with a crotchet (Fig. 35), and a hook (Fig. 36.)

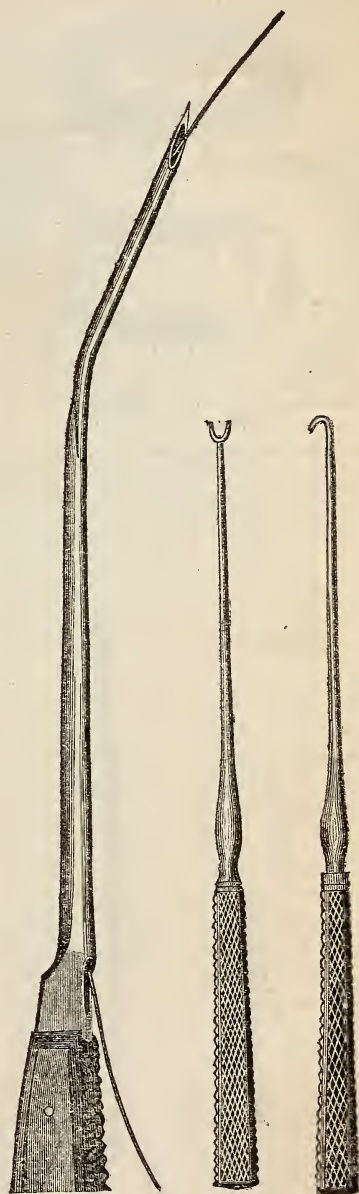
The needle consists of a hollow tube, with a needle point, one opening being near the end, and the other near where the handle and shank join.

The mode of using is readily understood. The wire thread being pushed within a short distance of the upper orifice, the needle is carried through both sides of the fistula, after which, the thread is thrust forward. As soon as it appears, it is to be seized with a pair of forceps, and held while the needle is being withdrawn, thus leaving the suture in situ. By a repetition of this process the requisite number are introduced. He prefers the iron wire, as more easily managed than silver. His sutures are next passed through the

FIG. 34.

FIG. 35.

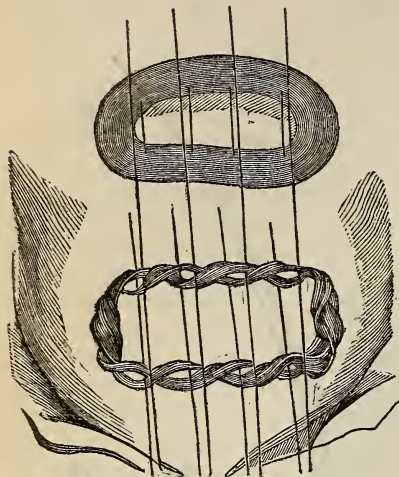
FIG. 36.



Dr. SIMPSON'S needle, with a wire inserted.
SIMPSON'S crotchet and hook.

openings in the wire splint (Fig. 37), the latter being pressed down over the line of apposition, and the wires secured by twisting with his wire

FIG. 37.

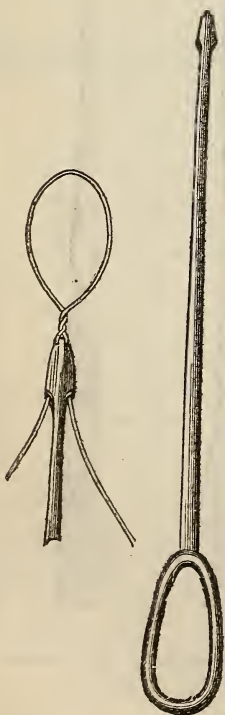


SIMPSON'S wire splint, the threads being carried through the opening: in it.

twister (Fig. 38), constructed on a plan which was suggested by Dr. COGHILL.

FIG. 39.

FIG. 38.

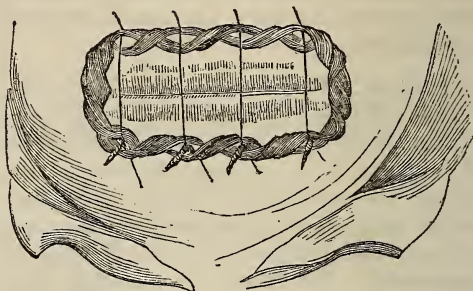


SIMPSON'S wire twister.

The same, with the wire in, and partly twisted.

The ends of the metallic threads are next clipped off close to the splint (Fig. 40), and the after-treatment conducted on the same principle as that of other operators.

FIG. 40.



SIMPSON'S splint adjusted, wires secured across the lower bar.

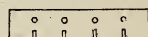
Operation of Dr. Isaac Baker Brown.

For paring the fistula he uses straight and angular knives; for the passage of the metallic sutures, SIMPSON'S needle; and for securing the threads, little crotchets or clamps of lead, run down, and compressed with a strong pair of forceps. His operation dates 1860.

Operation of Dr. Robert Battey.

The peculiarity of Dr. BATTERY'S method consists in a metallic (lead) button (Fig. 41), having

FIG. 41.



BATTERY'S button.

a series of holes on one border, and on the other a corresponding number of slits. The upper ends of the wire after being inserted are passed through the holes, the other ends forced into the slits, and both fastened by twisting them about each other. He claims for it a water-tight adjustment.

Operation of Collis, Of Dublin.

This method, described in 1862, consists in splitting the vesico-vaginal septum along the entire circumference of the fistula; turning the vesical side toward the bladder, and the vaginal side toward the vagina; the sutures he employs are silk, and introduced as double threads, with LISTON'S needles secured on long handles. When the threads are all inserted, there will be a row of loops on one (the upper) side, and two free ends on the other side of the fistula. A vulcanized quill is next passed through the loops above, and a second placed along the lower border of the opening, and the approximation effected by tying the free ends of the threads firmly around it; it is a quilled suture.

Operation of Dr. Alfred Meadows,

Physician-Accoucheur to the General Lying-in Hospital, London.

The novelty of this method consists in allowing the patient, after the parts are pared, and closed with silver threads, to rise and go about as usual, dispensing altogether with the catheter. He publishes two cases, which it is alleged were treated successfully in this way. I should not feel disposed to subject a patient to such a treatment without some further accumulation of data.

[To be continued.]

SPOTTED FEVER.

A paper read before the Otsego co., N. Y., Medical Society, at its annual meeting at Cooperstown, July 17th, 1866.

By T. B. SMITH, M. D.,

Of Cooperstown, N. Y.

Anticipating that the members of the Society residing in this locality would be inquired of at this meeting in relation to the disease which prevailed in this village and its immediate vicinity during the past spring months, known as Spotted Fever, or Cerebro-spinal Meningitis, I have drawn up a few remarks upon the subject, so far as relates to the cases which came under my own observation. * * *

This disease is comparatively new in this country, and, in fact, it may be said in the annals of disease; and this its first appearance in an epidemic form in this section, but probably not its last. I think we may look for other invasions of it, and in other localities within the limits of this Association. And as a large proportion of its members have had no experience in it, probably never witnessed a case of it, I regard it as an imperative duty in those who have, to contribute what they may to a knowledge of this dread malady, which seems to be an anomaly among diseases, observing few of the rules, either in its inception or course, which ordinarily govern other diseases. * * *

There seems to be no uniformity in the premonitions of this disease, no strictly reliable diagnostic signs, no symptoms which can be regarded as unmistakably pathognomonic. And I think it may be confidently affirmed that no other known disease presents so wide a range of symptoms, and those so widely variant in character.

The premonitory symptoms are often mild and very indefinite. There may be no marked pain or violent disturbance of any kind, the disease stealing on insidiously preparatory to the final attack. The patient experiences a feeling of slight indisposition, followed perhaps with moderately increased heat of the surface and slightly

accelerated pulse, with a strange undefined feeling in the head, sometimes with vertigo. Erratic pains of a neuralgic character in various parts of the body, perhaps in one shoulder, extending down the arm, pain in the side, in the hip or knee joints, moderate pain along the spine, generally most marked in the cervical portion, with some stiffness of the muscles of that region. And a feeling of general lameness and soreness is almost always present, any motion of the body or limbs causing him to complain, and he is generally very sensitive, even to the touch.

Irritability of the stomach is generally one of the earliest symptoms, and soreness of the throat, in a greater or less degree, is a frequent occurrence, presenting sometimes a diphtheritic appearance, but quickly disappearing as other symptoms arise in the course of the disease.

There is another class of cases, intermediate between these comparatively mild attacks and those of the most violent character, in which the early manifestations of the disease are more sudden, and of a much more serious nature, the attack coming on with a stupor, more or less profound, with nausea and vomiting, occasional sighing and moaning, with irregular respiration, particularly in children, a languid expression of the face, and feeble and irregular pulse. Or it may commence with pain in the head, more or less severe, generally in the forehead and through the temples, extending to the vertex, with delirium, a rapid pulse, hot and dry skin, tremors of the hands, and wild and anxious expression of countenance. Or its inception may be marked by symptoms of pneumonia, or by violent pain in the stomach and bowels, with nausea and vomiting, simulating an attack of gastro-enteritis. Again the disease may be ushered in with a violent pain in the back of the neck and head, without delirium or loss of consciousness, with spasmodic twitchings of the muscles of the limbs, and with but very little febrile excitement. But the most formidable symptoms which occur in the outset of this disease, and the cases which generally prove the most rapidly fatal are those in which the patient, without any marked premonitions, suddenly sinks into a state of profound stupor, from which he never fully arouses. Or in which he is at first seized with convulsions or convulsive movements, and with wild delirium, struggling in the most violent manner, requiring forcible restraint to prevent him from injury, with contracted pupils and a rapid pulse. Or he may be suddenly attacked with excruciating pain in one limb or joint, or in the side, quickly followed with the most violent pain in

the head, so intense as to cause him to cry out with agony, without delirium or convulsions.

It is not attempted in the foregoing enumeration of symptoms to give anything like a full and detailed description of the many and ever-varying manifestations which characterize the initiatory stage of this disease—only some of the most prominent and striking are mentioned—nor do I aim to do so in describing those which follow and mark its course.

If its inception be mild and unpronounced, it soon assumes a more threatening and decided character, marked by stupor, followed sooner or later by spasms and delirium, an almost unappeasable restlessness, succeeded by coma and dilated pupils. These symptoms, some one or all of them, are invariably present at some stage of the disease, whatever may have been the character of its accession.

The restlessness which is present in these cases is of a peculiar character, furnishing, I think, one of the most constant and reliable diagnostic symptoms of the disease. I have never witnessed anything very nearly resembling it in any other disease. The patient is in constant motion, rapidly moving his limbs, and if a child, uttering sharp quick cries, as if manifesting some peevishness or temper, or writhing, as if suffering the infliction of some keen and terribly irritative pain.

Tetanic contractions of the muscles of the spine, either permanent or paroxysmal, are generally present, sometimes affecting nearly its whole length, producing opisthotonos, but generally only those of the cervical portion, causing retraction of the head. Delirium is usually present, though not invariably. Paralysis of one or both of the limbs on one side is a frequent occurrence, and more or less deafness and imperfect vision are frequent attendants, with an injected appearance of the conjunctiva. The pulse in the early stage is usually quick, seldom full, but in the course of the disease frequently becoming unnaturally slow, and running up again to an almost inappreciable number. The skin in the commencement is generally dry, and often hot, but later in the case is bathed in perspiration. Irritability of the stomach is usually present throughout the whole course of the disease. The tongue seldom varies very much from the normal appearance. Bowels generally torpid, often obstinately constipated.

The spots, from which the disease derives one of its designations, are not always present, but are absent in a good proportion of cases. They are of different sizes and colors, varying from a

bright red to a dark-purple, and in size from a pin's head to a half-dollar, some round, and others very irregular in shape. Sometimes they are papular in form, and an hepatic eruption sometimes occurs upon the lips and face, extending to the ears.

The duration of the disease, as it occurred here, was from a few hours to ninety days. The most of the cases, however, proved fatal within four days. One case ran three months and over, and another two, before terminating fatally. As exemplifying the above, and as showing the treatment pursued, I subjoin a few cases.

Case 1st. The first case of the disease which I saw, was on the 4th of March. It occurred, however, in the town of Westford, in this county, and I saw it in consultation with Drs. DRAKE and BISHOP. The patient, an unmarried lady, thirty-nine years of age, had complained of feeling somewhat unwell two days previously, with some lameness and soreness of the limbs, pain in one shoulder, slight chilliness, and a sore throat. On the evening of that day she put her feet into warm water, and took warm herb-tea on going to bed. The next day, she feeling no better, Dr. DRAKE was called in, who gave her a cathartic, and ordered her to be got into a perspiration in the evening. Just at night-fall, she lay down and soon fell into a sleep. Some one of the family, going into her room shortly after, found, on speaking to her, that she could not be aroused, being in a profound stupor. She remained in this condition until about twelve o'clock that night, when reaction began to come on, the stupor to wear off, and consciousness to return, though at times she was slightly delirious. Drs. DRAKE and BISHOP, who were sent for in the evening, at the time the stupor came on, gave her stimulants and applied a blister to the back of the neck, and as the first cathartic had not operated, they gave the second, of calomel and rhubarb, ten grains each. The stimulants had been continued up to the time when I first saw her, which was at about 12, M., on the third day from the attack. She then complained of a violent pain in one shoulder, and the arm of that side was paralyzed, had no marked pain in the head, but said that it felt strangely. The pupils were contracted, and the pulse 130. Skin hot, though moist, and she was becoming restless. We gave quinine and camphor, alternated with morphia and carbonate of ammonia. The restlessness continued with increased violence throughout that afternoon and the following night, the pulse running up to 150 per minute. The bowels not having been moved, we repeated

the calomel and rhubarb. On the next morning she became comatose, and remained so during the next twenty-four hours, the pulse going down to 6th, and the pupils being widely dilated, with conjunctiva very red and congested. Mustard was applied along the spine and to the calves of the legs. Several large enemata were given, but without effect. Her bowels were not moved at all during the disease. In this stage of the case she seemed to lie in a deep, undisturbed sleep, insensible to noise or touch, without moving a muscle, and bathed in perspiration, so profuse as to completely saturate the bed-clothes about her. She died on the morning of the 6th, five days from the attack.

Large irregular-shaped spots of a dark-purple color, were discovered on her lower limbs after death.

Case 2d. An unmarried lady of this village, aged twenty-four years. I was called to see her on the 9th of March. On the morning of that day, feeling as well as usual, she bathed herself in warm water, and went out about the village, and while out, was taken with severe pain in the head, and nausea, but as she was subject to violent attacks of sick headache, it excited no alarm. But continuing to grow worse, I was sent for about three o'clock in the afternoon, and found her suffering with violent pain in the head and back of the neck. I gave her twelve grains of calomel, with an eighth of a grain of morphia. Ordered her feet to be put into warm mustard-water, and a strong mustard-plaster applied to the back of the neck and between the shoulders. In the evening she seemed easier, and slept some during the fore-part of the night. At about three o'clock in the morning she was taken with the most excruciating pain in one shoulder, extending down the arm and to the ends of the fingers. I was again sent for, and while proceeding to the house, heard her screams some time before reaching it. Found her pulse but very little excited, and skin moist. Gave morphia and camphor, with warm drinks, ordered mustard to the back of the shoulder, and the arm bathed with spirits of camphor and enveloped in warm flannel. She soon got relief, and remained nearly free from pain until about eleven o'clock in the forenoon of that day, when she was suddenly seized with the most violent spasms, plunging, and screaming, and tearing her hair in the most fearful manner, requiring several persons to keep her upon the bed, with pupils widely dilated, and a wild and frightened expression of countenance, similar to that which is present in delirium tremens. These parox-

ysms sometimes seemed to partake of an hysterical character, attended with alternate laughing and crying. As her bowels had not been freely moved, the calomel and morphia was repeated, which operated freely that afternoon. A blistering lotion was applied to the back of the neck and along the spine. These violent manifestations gradually subsided, and were succeeded by a state of stupor, with at times loud moaning and irregular respiration. She seemed perfectly unconscious, though sensitive to sounds and touch, with head retracted, and occasionally spasmodic twitchings of the muscles of the limbs. She was unable to swallow after the stupor came on, and remained in this state until she died, which was on the third day from the attack. No spots occurred in this case.

Case 3d. A married lady, aged 40 years. I was called to see her on the morning of the 17th of March; she remarked to me that she was not sick, but that she felt very weak, so much so, that on arising from bed that morning, she had fainted and fallen upon the floor, thought she had been slightly feverish during the night, and did not rest well; experienced no pain or nausea, but thought her stomach somewhat disordered, and that she had taken a slight cold. Pulse 80, and feeble. I gave her a calomel cathartic, with DOVER's powder, and ordered her a warm sling. In the afternoon, the cathartic having acted well, she expressed herself as feeling better. Early in the evening, she having fallen into a sleep, it was found, after remaining in it a short time, that she could not be aroused to consciousness, and this stupor soon deepened into a profound coma, almost apoplectic in character. The blistering lotion was applied to the back of the neck, and between the shoulders, with cold applications to the head, and mustard to the calves of the legs, and inside of ankles. She continued in this state, with occasionally slight remissions, for thirty-six hours. At intervals she seemed partially conscious, and could swallow. At such times she was given brandy, and aromatic spirits of ammonia. Large spots of a dark purple color were observed upon her lower limbs. The pupils were dilated, and the pulse, during her last hours, was 180. She died on the morning of the 19th.

Case 4th. I was called on the evening of the 17th of March to see a girl 10 years old, who, on the afternoon of that day, was taken with a chill, severe pains in the bowels, attended with nausea, and vomiting, and with some pain in the head and back. Gave her a calomel purge, with DOVER's powder, had her feet put into warm water, and a mustard plaster applied to the back

of her neck, and directed warm drinks to be given. She passed the night without much suffering, and felt better in the morning; the pain in the bowels had ceased, though she still had some pain in the head. Her bowels had been freely moved. At about 11 o'clock on the forenoon of that day she was taken with violent pain in the head, so severe at times as to cause her to scream out. It was of a remittent or paroxysmal character. I gave quinia and morphia, and blistered the back of her neck. These paroxysms continued in a greater or less degree throughout the case. The stomach becoming so irritable that nothing could be retained upon it, the medicines, quinia and laudanum, were given in enemas of beef tea.

The pupils were contracted, and pulse quick and feeble; the pupils later in the case becoming dilated. She died on the 19th.

In this case there was no delirium, or unconsciousness, until within a short time before death. Spots of a bright-red color, and of various sizes, appeared thickly upon the body.

Case 5th. A little boy two years old. I was called to see him March 19th. He had been as well as usual up to that time, with the exception of a slight diarrhoea. On the afternoon of that day he had fallen into a sleep, from which it was a little difficult to awaken him: when awake, he would put his hand up to his head and cry out. I gave him rhubarb and magnesia, with a few grains of calomel; had his feet put into warm water, and a mustard plaster to the back of the neck. In the evening he began to be restless, and I left small powders of Dover's powder, and camphor, to be given—one every two hours. On the following day there was not much change in the case, except that the restlessness had increased; the pulse was not quick, nor the skin hot. I gave a solution of chloride of potash, with the tincture of the sesqui-chloride of iron, with morphia, and ordered wine whey and beef tea given. The restlessness, which was present in this case, was the most marked feature throughout its whole course. The patient was in constant motion, drawing up his legs and throwing out his arms, with head drawn back. Anodynes, and even the inhalations of chloroform, seemed to exercise but very little influence over it; the warm bath was used with the most favorable effect. There was no delirium, or unconsciousness, until late in the case. He lived six days after the attack, and died seemingly worn-out with the irritation. Numerous dark-red spots were observed upon his body and arms after death.

Case 6th. A boy ten years old. I was called to see him on the evening of the 19th of March.

He was taken with violent pain in the side and hip. Gave calomel and Dover's powder; had his feet put into warm water, and ordered warm drinks. In a short time he became easy, and slept some. During the night a violent pain in the head and back of the neck came on, extending down the spinal column, with delirium and spasmodic contractions of the muscles of the back, drawing back the head, and bending the spine upon itself like a tightly drawn bow. Pulse feeble, and skin moist. Gave opium, quinia, and tincture of iron, with alcoholic stimulants freely. The spasms gradually wore off, and were succeeded by stupor, with occasional intervals of consciousness. He died on the third day after the attack. There were no spots in this case.

Case 7th. A lad fourteen years of age. Was called to see him March 20th. He had not been well for several days previously. Found him in a stupor, and with considerable dulness of comprehension when aroused; skin hot and dry, and with some pain in the head; pulse 120. He had been given a cathartic, and had mustard applied to the back of the neck. I gave small powders of calomel and carbonate of ammonia, one every two hours; continued the counter-irritants to the back of the neck and between the shoulders, and had the feet put into warm mustard water. At about 4 o'clock on the following morning he was seized with spasms of the back of the neck and the whole length of the spine, producing violent opisthotonos, so severe as to cause him to cry out with the pain. These spasms were paroxysmal, and attended with considerable delirium. Gave opium and camphor; a grain each every two hours. The paroxysms continuing, I gave twenty drops of chloroform in mucilage, and their violence soon abated, though slight indications of their returning continued at intervals for twenty-four hours. The chloroform in diminished doses was continued, once in three or four hours, during that time. And as the stomach was very irritable, quinia was given in enemas of beef tea, and continued for several days. The stomach becoming less irritable, aromatic spirits of ammonia and wine whey were given by the mouth. He continued to improve, and in twelve days from the attack was able to be about the house, and ultimately recovered entirely.

Case 8th. I was called March 28th, to see a girl five years old; found her with symptoms of pneumonia, and treated the case as such for two days; at the end of which time she seemed better,—upon the point of getting well; but upon the third day was taken with a violent pain in the head and back of the neck. I gave calomel

and Dover's powder, and applied the blistering lotion to the back of the neck. The pain in the head was in paroxysms, between which she lay in a stupor. The head was drawn back, and one arm paralyzed. She remained in this state until she died. In the course of this case I gave aromatic spirits of ammonia, and a solution of chlorate of potash, with tincture of iron; and quinia and laudanum was given in enemata of beef tea. She lived one week after the attack. In this case there was a bright-red papular eruption over nearly the whole surface, with an herpetic eruption about the mouth and upon the chin.

Case 9th. A boy six years old; was called to see him on the evening of the 7th of May. He had been unusually active through the day, played hard, and complained of feeling very tired when night came. In the evening he was taken with pain in the head and bowels, and vomited. When I was called in, the skin was hot and dry, and pulse quick. I gave calomel and Dover's powder, had the feet put into warm water, and a strong mustard plaster applied to the back of the neck. He slept some during the night, and seemed better in the morning. The cathartic had operated. Gave chlorate of potash, with tincture of iron. At about 10 o'clock in the forenoon of that day a stupor came on, which continued till evening, when it was succeeded by restlessness and delirium, with spasms of the limbs, and the head permanently drawn back. I gave opium and carbonate of ammonia by the mouth; and as the stomach was irritable, gave quinia in enemata of beef tea. The restlessness increasing, I gave chloroform in cream, but without much relief. Had him put into a warm bath, which partially allayed it, but still this terrible restlessness did not cease until within a short time before his death. He lived three days after the attack. There was a red papular eruption upon the body and arms, and an herpetic eruption upon the face.

It may be thought that the treatment pursued in these cases was not very rational or systematic; but it should be borne in mind that there is no well-defined plan of treatment in this disease; in fact medicines seemed to exercise but very little control over it.

I can add nothing as to the pathology of the disease. There were no opportunities offered here for making post-mortem examinations, but the symptoms all pointed to the conclusion that its seat was in the meninges of the base of the brain and spinal cord, and it is said that in these membranes are nearly the only lesions found which occur in this disease.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
April 28th, 1866. }

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Anal Fistule in Tuberculous Patient.

Jas. M. Nine months ago, he first became affected with pain in the anal region upon walking and going up stairs. He does not now suffer much pain in having a passage from the bowels, but he did at first. An examination showed a complete anal fistule. The man is also laboring under tuberculosis of the lungs.

Under these circumstances it is not advisable to interfere with the fistule, which may be looked upon in the light of a counter-irritant. The probability is, if an operation were performed and the fistule cured, that the disease in the lungs would increase with the removal of this source of irritation, that is, there would be a greater amount of tubercular deposit, or a more rapid softening of the tubercles which already exist in the lungs. A seton might with propriety, in this instance, be introduced, which, in the course of six or eight weeks, would cut its way out, and in this way afford relief.

Very frequently the disease is met with in persons of sound constitutions, those who are otherwise in perfect health. It is always preceded by an abscess, either of a strumous or phlegmonous character. The tubercular abscess is the result of a deposit of tubercular matter in the rectum, just above the sphincter muscle, in one of the mucous follicles situated there. During the progress of the disease, this deposit takes on softening, and in this way an ulcer is formed, which becomes the recipient of fecal matter. The irritation thus set up is propagated to the cellular tissue around the bowel, between it and the skin. This irritation is followed by inflammation, accompanied by a deposit of plasma or lymph, which is converted into pus, and in this way the abscess is formed. An abscess which occurs in a person of such a constitution, is chronic in its course, as all tuberculous collections are. Weeks, and sometimes months elapse before it attains any considerable bulk. It is frequently attended with no pain at all. The patient is hardly conscious of its existence. There is no constitutional disturbance of an appreciable character, unless there is co-existing disease in the lungs or elsewhere. Finally, the abscess breaks and discharges matter of a peculiar strumous nature. It is impossible for such an abscess to take place in a man of sound constitution.

The phlegmonous abscess is rapid in its course, attended with excessive pain of pulsatory character, great swelling, heat, and discoloration. There is frequently an enormous amount of suffering, both local and constitutional. It attains its height in a few days, five or six, or ten, at the furthest, and often contains an immense quantity of matter.

The treatment of an anal abscess is free open-

ing at as early a period as possible. A great amount of mischief will be done by such a collection of matter in a very short time, mischief which it will take nature months to repair.

The fistule which presents itself in this patient is a complete one. Anal fistules may also be incomplete, either externally or internally; but, on careful examination, the great majority of cases will be found to be complete.

The internal orifice is usually situated just within the anus, seldom more than from four to seven lines above its verge. Now and then it is higher up, to the distance of an inch or an inch and a half. There is seldom more than one internal opening. The external openings are sometimes numerous, as many as ten or fifteen having been observed.

The knife is the remedy for the cure of a fistule in this situation. Writers have spoken of cures effected by injections of solutions of nitrate of silver, sulphate of copper, and dilute tincture of iodine, but time and patience should not be wasted on the trial of these articles.

The best plan always is, after the system has been properly prepared, to operate by dividing the parts on a grooved director carried through the track of the fistule, trimming the edges carefully, scraping the sinus, and removing every portion of semi-organized matter. A delicate tent, three or four inches in length, and well oiled, should then be introduced, one extremity being inserted high up in the bowel. This should be retained for generally about three days. The parts are in the meantime kept clean, and afterward they are well washed every day. Sometimes a syringe is used for this purpose, but generally the patient can himself accomplish this object by sitting over a tub or a basin of tepid water. Granulations form, and the wound heals from the bottom. After the operation is over, the patient should take one-third or one-half a grain of morphia, for the purpose of locking up the bowels, and with this view the anodyne is repeated once or twice in the twenty-four hours. At the end of three or four days a mild laxative is given for the purpose of clearing out the contents of the bowel. As soon as cicatrization is accomplished, the patient is able to go about his business.

When the seton is used, the employment of which dates back to the time of HIPPOCRATES, the patient is able to walk about and follow his occupation during the operation. It acts very slowly, doing its work seldom under six weeks, during which time great cleanliness should be observed, and strict attention paid to the diet and secretions. It is preferable in such a case as the present.

Fatty Tumor.

Sarah B., twenty-six years of age. It has been four weeks since a swelling was first observed under and a little external to the right breast. It gives her no pain, but is a source of mental worryment. There is no discoloration of the integument. It is movable, and imparts a semi-elastic doughy sensation to the finger.

This is a fatty tumor, which has probably existed for several years, though but lately attract-

ing notice. Such a tumor is capable of attaining a very great bulk, and is liable to form in all parts of the body. It is developed in the subcutaneous cellular tissue, sometimes sending branches or ramifications among the muscles. These tumors never assume malignancy. Sometimes, when subjected to pressure by their situation, they become the seat of ulceration. Occasionally serous cysts are found in them, which is unusual. More frequently they contain calcareous or osseous deposits, or undergo fibrous or cartilaginous degeneration. Generally speaking, a tumor of this kind consists of nothing but fatty matter, such as exists naturally in different portions of the body. It is a hypertrophic state of pre-existing adipose tissue. It has a sort of capsule or envelope, composed of condensed cellular tissue, and this surrounds the lobules, and ultimately the minute cells of the adipose substance. Such tumors, though they are capable of attaining a very considerable bulk, are, strange to say, not vascular. They may be removed with the loss of but little blood.

An oblique incision was made, and the tumor removed by enucleation. It was lobulated and surrounded by a sort of capsule. The wound was closed with the interrupted wire suture.

Scrofulous Abscesses.

Joseph H., aged twenty-five. He has a tumor on the right buttocks, another on the thigh, some ten inches in length, and a swelling in the popliteal space of the right leg. There is no discoloration of the skin and no enlargement of the subcutaneous veins. The swelling on the thigh existed for about five months. He noticed first the one on the nates. He has lost twenty-five or thirty pounds. His father died of consumption. He has phthisis pulmonalis.

No connection could be traced between the abscesses, which probably contain scrofulous pus. On account of the pulmonary complication, surgical interference is not advisable. An operation would bring on hectic fever in forty-eight hours, and the disease of the lungs would advance much more rapidly than if nothing were done.

EDITORIAL DEPARTMENT.

Periscope.

The Origin of Dumb-Bell Crystals.

DR. D. W. FLORA, of Chicago, Ill., publishes in the *Chicago Med. Examiner*, an interesting article on this subject. In a case of dyspepsia with oxaluria, Dr. F. was able to trace the formation and development of the *dumb-bell* crystals from stellate crystals composed of urates. Twenty-four hours after the first examination of a microscopic specimen, the stellate crystals showed a tendency to unite by solution or liquefaction of a portion of their discs. This is the first step in the formation of "dumb-bells," and it requires only a slight modification to complete the metamorphosis. By the pressure of fluids (for at this time

rapid deliquescence of the crystals is taking place upon the outside of the now united discs, the rim is forced inward upon itself at the point of least resistance, to wit: at the point of junction of the two discs, the radii being already dissolved at their points of contact. The prisms which formed the radii of the circles are now set afloat, and arrange themselves parallel to each other and in the direction of the long diameter of the "dumb-bell."

When examined again, some six hours later, the same specimen presented the "dumb-bells" fully formed.

In regard to the ultimate composition of the dumb-bell, Prof. MAHLA, of Chicago, has long held that they are *not* oxalate of lime, and he is further inclined to refuse them a place among primary crystals. Dr. FLORA has never observed them in any other than acid urine, in which urates were undeniably present. If this theory is correct, they can never appear in *alkaline* urine, and this is verified in the case under observation. As soon as the urine became alkaline by the evolution of ammonia, (the octohedral crystals of oxalate of lime being still present) the "dumb-bells" disappeared altogether, and were replaced by a copious deposit of the triple phosphates.

The "circular or stellate" crystals, which Dr. F. regards as the originators of the "dumb-bells," are themselves *secondary* forms, the result of an arrangement of needle-shaped prisms around a common centre. From whence it follows that the famous "dumb bell," about whose composition there has been so much discussion, and such wide differences of opinion, is only an *accidental* and *tertiary* form, the result of *accident* merely!

Anomalies of Pregnancy. Two Successful Cases of Cæsarian Section

are reported in the *Medical Press and Circular*, (from *Siglo Medico and Brit. and For. Review*), the cases being of interest in other respects. They occurred in the practice of Dr. BAEZA.

In the *first* case, the patient, aged 38, had had three difficult labors, the children being all dead. In her fourth pregnancy, at term she suddenly felt pain, and the foetus moving outside the uterus. Severe fever followed, and on the third day the placenta was discharged. The fever lasted thirty days, attended by great pain in the abdomen. At the end of this time a large quantity of foul pus flowed from the vagina. A foreign body was now seen projecting below the umbilicus. This swelling burst, the head of a foetus was now seen in the opening. After a few days, the patient herself dragged a portion of the tumor out. An incision was made in the abdomen, and the entire skeleton of a foetus was extracted. The cavity of the cyst was washed out with warm water. Patient recovered.

Second case. Woman, 42 years of age, had had seven children. September, 1863, again pregnant. Felt child at four months, but pregnancy continued for an unusual time. In May, 1854, when estimated at term, she felt a severe pain in the right leg, which spread to the loins and hips. These increased, and great prostration ensued. At this time, the cervix uteri was

felt as in the non-pregnant state; a little pure blood, however, issued from the vagina. At the end of July, renewed pain and offensive discharge from vagina. Pains remitted, and abdominal tumor diminished. January 10th, 1865, she came to hospital. There was then a hard tumor, size of seven months' pregnancy. Crepitation was felt in the highest point. General condition that of hectic fever. An abdominal section was made, 15th January. The bistoury struck upon a firm mass, which on section resembled the uterus. The foetus was found in a cyst, macerated in a quantity of stinking matter, which was washed out by warm water. None of this fluid came out by cervix uteri. The cyst had several diverticulæ, one of which seemed to communicate with the uterus. The cyst gradually shrank, and the woman recovered.

A Case of probable Dislocation of the Testicle

Is related by Dr. J. W. THOMPSON, of Paducah, Ky., in the *Nashville Journal of Medicine and Surgery*. The patient, a cavalryman in the late Confederate army, complained of a painful enlargement in the left groin, which took place suddenly the day previous, in leaping a ditch. A few months later (in July, 1862), he was discharged from the service. Dr. T. saw him again in February, 1866, when the enlargement was found much the same as when first seen, four years previously. On more minute examination it was discovered that he had but one testicle in the scrotum, whereas there were two before the accident had occurred. Hence the conclusion that the tumor in the perineum must be the left testicle in *error loci*. Since then, especially after exertion, he has been subject to frequent attacks of nightmare, and severe tonic spasms, partaking somewhat of an epileptic character, accompanied by unconsciousness, but without rolling of the eyes or foaming at the mouth.

He has been advised to have the misplaced organ removed, and expresses himself willing to undergo the operation if the spasms return with the same violence as they have. Dr. T., in that case, promises a further report of the case.

Oil of Petroleum in Prurigo.

In the *Bulletin Générale de Thérapeutique* of July 15, 1865, Dr. BELLENCOTRE reports the successful treatment of several cases of prurigo by oil of petroleum after all other means had failed. The oil was used in combination with oil of sweet almonds and laudanum. He states that the petroleum appeared to him to succeed best in the prurigo attended with moderate itching (*prurigo mitis*); in the prurigo senilis, where there are also frequently pediculi on the skin, he has employed the remedy once only, but with complete success. The first application of this oil occasionally produces some redness of the skin, and an increase of the itching, but it must not, therefore, be discontinued; the application should then be made at more distant intervals, or the oil should be combined with oil of sweet almonds, or olive oil, and laudanum. The oil of petroleum should never be rubbed into the skin, as it might cause inflammation, and thus retard the cure; but it should be employed in the form of lotion ointment.—*Brit. and For. Med.-Chirurg. Review*.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, SEPTEMBER 1, 1866.

PROGRESS OF THE CHOLERA.

The epidemic which was noted in our last report as having made its appearance with considerable violence in CINCINNATI, has continued its ravages. The following is a list of deaths from August 1st to 21st, as nearly correct as can be obtained at the present time:

August 1,	2	August 12,	78
" 2,	7	" 13,	81
" 3,	21	" 14,	79
" 4,	20	" 15,	64
" 5,	23	" 16,	60
" 6,	34	" 17,	73
" 7,	33	" 18,	42
" 8,	45	" 19,	69
" 9,	34	" 20,	54
" 10,	56	" 21,	53
" 11,	82		
		Total,	1010

From St. Louis we have no full reports. The Board of Health of that city does not publish the statistics of the disease. Probably the health machinery of the city is not in sufficient working order for obtaining data in any way reliable. Those which have reached us, however, leave no doubt that the disease has raged in this city with even greater violence and fatality than in Cincinnati. See the following despatch:

"St. Louis, Monday, Aug. 20, 1866.

"Reports from the different cemeteries in the city, for the week ending Friday, show 768 burials, of which 532 were from cholera.

"In addition to this, there were 127 interments made in the regular City Cemetery, of which 116 were from cholera.

"These returns do not include the deaths at quarantine, or those at the small-pox hospitals in the various wards.

"The Sanitary Committees are energetically at work, and the Board of Health reports that the disease is abating."

And the following (dated Aug. 19th):

"The cholera cases reported to the Board of Health from Friday noon to Saturday noon were 96, of which 35 were fatal. The mortality reports from the different cemeteries for the week ending Friday, puts the whole number of interments at 768, of which 532 were cholera cases. This does not include the deaths at the City Hospital, quarantine, and small-pox hospital. The burials in the City Cemetery, independent of those stated above, were 127, of which 116 were from cholera. This gives a total of deaths from cholera of 648, which is considerably more than 100 per cent. more than were reported to or by the Board of

Health, and shows how imperfect have been the arrangements of the Board for keeping the public accurately advised of the health of the city."

NEW ORLEANS. The disease has prevailed here with great fatality, though limited mainly to the quarters of the poor, and the negroes. The deaths from cholera have averaged daily between 30 and 40 during the last two weeks. According to last accounts it is on the decrease in the city, but extending with great severity to the plantations up the river. In other places along the main routes of western travel, cases have occurred.

In NEW YORK and BROOKLYN, the epidemic, although still present, we are glad to say, has not extended, thanks to the energetic measures adopted by the sanitary authorities in tracing up and removing all accidental causes in the infected localities, by which the disease might spread. Disinfection, and rigorous enforcement of cleansing in these districts, have undoubtedly done much to arrest a more fatal progress of the disease. During the week ending August 11th, the largest number of deaths from cholera occurred—258. During the succeeding week (ending August 18th), the number was reduced to 145, of which only 44 were in the city proper—101 having occurred in hospitals, and other public institutions. In Brooklyn, too, the disease is on the wane.

From NEWARK, N. J., three deaths from cholera are reported. They occurred in one of the most insalubrious parts of the city, where for years animal and vegetable refuse has been allowed to accumulate and rot. But so far there has been no spread.

GREAT BRITAIN. In *London* the epidemic has suddenly started, and progressed with alarming rapidity. From 14 fatal cases the first week, 32 the second, 346 the third, it reached 904 during the week ending July 28th. It is almost entirely limited to the eastern section of the city. The *Medical Press and Circular* of August 8th, says:

"We may now add, that at most of the large London Hospitals, cases continue to come, and at the London Hospital the epidemic is more alarming than even in 1849. On Thursday last there were 63 deaths in this hospital, 13 cases had recovered, and 74 remained under treatment. This makes up 150 cases, a number which has risen to above 200. Out of 124 cases admitted during the week, 67 had died on Saturday last, but many, although alive, were really dying."

The recent cases in *Liverpool* are reported as more serious than the earlier ones. Of 120 cases which occurred in Southampton, from July 7th to 20th, 66 were fatal.

The CONTINENT. The previously favorable reports from *Amiens* have again assumed a reverse character. The deaths here, according to last accounts, were again 30 to 35 per day. At *Dunkerque* and *Rouen* there are many cases. In *Paris*, the authorities conceal, as far as possible, the state of affairs. The *Gazette Hebdomadaire de Med.* gives the following as the nearest approach to the number of deaths, at which they could arrive in the face of the indisposition of the authorities to permit inquiry:

July 19,	116	July 24,	94
" 20,	142	" 25,	90
" 21,	106	" 26,	86
" 22,	89		—
" 23,	92	Total,	815

A fraction over 100 deaths *per diem*. Other sources give an average daily mortality of between 150 to 200. At *Marseilles* the reports give 16 to 20 deaths *per diem*. At *Berlin* the total number of cases up to the 23d of July was 3504, of which 327 recovered, 1765 died, and 1412 remained under treatment. At *Stettin* no improvement.

Lastly, a "cablegram" from *Vienna*, dated August 21st, mentions the cholera as making sad ravages at *Brünn*, *Pesth*, and *Nikolsburg*, and among the wounded soldiers at *Vienna*.

MEDICAL EDUCATION.

To initiate a practical extension of the period of study, it would not be absolutely necessary to lengthen the time of pupillage, which, at present, is settled by law and custom to three years, desirable as a pupillage of four or five years—the minimum of European schools—would be.

What is needed more than anything else in our present system of medical education, is a *more equal distribution of studies* over the period of pupillage. All the real teaching of nominally three years is now crowded into two sessions of five or six months each, leaving at least *twenty months* of the whole period of study to so-called "office instruction" with a preceptor.

Whatever may be the advantages of this latter mode of instruction, and some it undoubtedly offers, they are not so great as to justify such a preponderance over the collegiate system. In many instances this study under a single preceptor, this "apprenticeship," is but a formality, submitted to to satisfy the demands of the law. In many cases the preceptor, however well-educated and sound a practitioner, has neither the facilities, nor the talent, nor the time to *teach*. "Reading medicine," and "reciting," what has been read, after schoolboy fashion, is one thing, and systematic profitable study another. In cities

which are the seat of medical schools, where a business is made of this mode of private office instruction, by competent men, and where the demonstrative method is more or less adopted, the study under a preceptor has some practical value; but it cannot be denied, that on the whole, by far too much of the period of study at present is devoted to this very doubtful method, while the collegiate courses are too short, and overcrowded with the variety of subjects taught.

One plan to relieve this state of things would be to retain the obligatory *two full courses* of lectures, but in addition to provide, that these full *two courses* must be attended during *three* separate sessions. Thus: During the first year of his study the student would only be allowed to attend the lectures on anatomy, chemistry, physiology, and, perhaps, materia medica. This would give him but three lectures a day to attend, and ample time would be left for the pursuits of *practical* anatomy, chemistry, and physiology. He could, instead of obtaining a "smattering" of every branch, as at present, make himself a thorough master of the *three fundamental branches* of medical science, and of the intermediate branch which connects science and practice. He would thus be prepared, for the second year, to hear, intelligently and with profit, the lectures on general and special pathology, surgery, and midwifery, studying up each subject from day to day, and seeking practical illustrations in the various hospitals, etc. The third course might be attended entire; it would be an excellent recapitulation, and the student's full previous acquaintance with the details of each branch would enable him to devote the time, which, under the present system, is spent in "grinding" and "cramming," to a course of faithful clinical study.

This change would involve, neither extra labor to the faculties of the schools, nor diminish their income, nor would it add additional expense to the student. But it would have the effect of adding five or six months to the time of demonstrative teaching in the schools, of diminishing the period of comparative idleness of the student during a considerable part of his pupillage, and of lessening the evils and dangers of over-crowded teaching. It seems to us the only change practicable, until the system of medical education in this country becomes thoroughly revolutionized, of which at present there are but slim indications. The change, too, could readily be brought about without interfering in the least with the present arrangements of teaching, and we have no doubt, would receive the endorsement of every faculty. Why not make it?

Meanwhile we would advise every student of medicine to adopt this plan for himself. He will find it better in the end, than if he crowds his attention upon lectures into two successive full courses, where it is impossible for him to study any of the branches of medicine in detail, and thoroughly, without neglect to the others.

Notes and Comments.

What constitutes an Infected Port?

This question has recently arisen in regard to the Port of New York, as will be seen from the following statement.

By order of Gen. GRANT's Department, Commanders of Virginia, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana and Texas are required to quarantine, for 15 days, all vessels from ports infected by cholera, and vessels which have had cholera on board during the voyage to be quarantined for the same length of time after the last case of the disease. GEN. SICKLES therefore inquires whether New York, in the opinion of the Board of Health, is an infected port, to enable him to decide concerning what vessels shall be ordered into quarantine at Charleston. To the letter of Gen. SICKLES the Board has sent the following reply, written by Dr. ELISHA HARRIS, to whom the letter was referred by President SCHULTZ:

"SIR: In reference to the communications which you have this morning submitted from His Honor Mayor HOFFMAN, and from public authorities in cities of our Atlantic coast, making specific inquiries concerning cholera, and the need of guaranties against it from the port of New York, I would respectfully state:

"That the shipping and wharves of New York and Brooklyn, together with all buildings and districts in the immediate vicinity of the commercial wharves, remain entirely free from cholera.

"That scarcely a seaman has yet been attacked with cholera, and that the chief resorts of seamen are comparatively free from the malady.

"That the cholera in both our cities is now so limited to certain tenant districts, and is so closely watched and treated, as to render the port and the greater portion of both cities almost as secure from liability to convey the disease to other cities and ports as though it did not exist among us.

"These facts warrant the conclusion that no quarantine against cleanly ships from this port need be enforced at any port, except to such an extent as may be necessary for thorough medical inspection of every person on shipboard, and of the records and sanitary condition of the ship—a duty which any waterside town owes to its inhabitants, as regards vessels from any port in the United States at the present time.

"Referring to the question, 'Is New York an infected' port, in the quarantine sense, or in the

meaning of Gen. GRANT's Order (General Order No. 15), dated March 12? I should unhesitatingly say that New York is not so infected."

Chicago Eye and Ear Infirmary.

This institution, during the year ending May 1, 1866, has had under treatment 516 patients. It is intended for the relief of the poor, and is supported by subscription. We notice that one of the medical staff of the hospital, who gives his services, worth probably thousands of dollars a year, was also one of the largest cash contributors in 1865 and 1866, toward the support of the institution. The Attending Surgeons are Drs. EDWARD L. HOLMES and EDWIN POWELL, Drs. J. W. FREER and D. BRAINARD being Consulting Surgeons. The Infirmary was opened in 1858.

The Social Evil.

In a recent issue, the *Tribune* discusses at length the history, extent, modes, and evils of prostitution in New York. In regard to the remedy, it says:

"It seems impossible that there should be any speedy remedy for the ancient and mighty evil of prostitution. The 'Homes' which have been instituted deal only with the upper branches, and leave the root to fasten itself even more strongly among the social strata through which it wreathes the loathsome tendrils of its flower. But as its influence can be greatly restricted and mitigated, it would seem that most good could be effected by judicious legal interference.

"The system in existence in Paris at the present day, and which was also in vogue in New Orleans before the war, has always been attended by some measure of success. Here a woman of the town, if physically competent, received a license, was subject to arrest if she pursued her trade without it, and relinquished it immediately upon contracting infectious disease. If this system was an evil in itself, it was certainly preferable to the promiscuous infamy which prevails in this metropolis and nearly all of our large cities. There is no woman without some feeling of delicacy, and one would think that if, in the determination to pursue a loathsome trade, she were compelled thus to make a public record of her intention before a magistrate, she would always hesitate, and not unfrequently experience a complete change of heart.

"There may be better systems for the mitigation of this gigantic evil, but every reflective humane man must be convinced that little good can be speedily effected without vigorous legislative enactment."

— AMONG the victims of cholera in Cincinnati is Dr. COLLINS, whose writings on the disease attracted attention some years ago.

Erratum. In Dr. McCLELLAN's article on the "Internal Use of Chloroform in the Treatment of Delirium Tremens," in the REPORTER for August 11, page 133, first column, line 23, for gtt. lx. read gtt. lx.

Correspondence.

DOMESTIC.

Hypodermic Injections in Extreme Irritability of Stomach.

EDITOR MEDICAL AND SURGICAL REPORTER:

In cholera, cholera morbus, or any case of extreme irritability of the stomach where medicines will not be retained, or in cases where the function of absorption by the stomach is suspended, we have still a most effectual method of acting on the system through the medium of the cellular tissue, from which absorption will readily take place, even in a state of partial collapse.

Having succeeded in a number of almost hopeless cases by means of the hypodermic injections, I cannot but think that the following case would be of interest in illustrating its mode of action.

July 29th, at 3, P. M., called to see Daniel L., who has been under treatment of a homœopath for three days, who informed the friends that it was a case of Asiatic cholera of the worst kind, and that he cannot possibly live. Under these circumstances their faith in the "infinitesimals" was somewhat shaken, and I was requested to take charge of the case.

I did not fail to point out the error they had committed.

I found the patient with cold extremities, the pulse not perceptible at the wrist, the features pinched, lips blue, hurried and oppressive breathing, extreme thirst, retching and vomiting incessantly.

Had mustard applied to the stomach and extremities; tried a number of remedies for the purpose of allaying the irritability of the stomach, and among the rest, drachm-doses of chloroform, in syrup, internally; everything was immediately ejected, seemingly without time to reach the stomach. In this state of the case, I introduced hypodermically one-fourth of a grain of sulphate of morphia, in solution, in the inner side of the right arm—in ten minutes he was in a quiet sleep, which lasted for four hours—stimulant injections and friction, with strong liniment, were used; the sinapisms were continued. Partial reaction took place, although there was still some irritability of the stomach. About an hour after waking up, the hypodermic injection was repeated with still better effect, as he slept quietly for fully half the night. At my visit in the morning I found reaction was perfect. With careful nursing, and the usual treatment for the prostration that followed, the patient went on

improving from this time, and in a few days was able to be about.

WM. C. TODD, M. D.

Manayunk, Phila., Aug. 20, 1866.

Spontaneous Origin of Cholera.

EDITOR MEDICAL AND SURGICAL REPORTER:

I see in the REPORTER, vol. XV., page 124, Aug. 4, 1866, the following sentence, viz., "The occurrence of cholera in New York and the surrounding islands, during this season, when its full history shall have been written, will show conclusively and to absolute demonstration that the poison was carried and propagated by the patients, and that its first starting-point in every case was intercourse with persons who had come from the cholera-infected vessels which arrived in the port."

I do not deny the portability of cholera, nor do I deny that cholera is contagious, but I believe that cases of cholera have occurred in this country which could not be traced to any source of contagion.

In Feb. 1832, I saw a child, about eleven years old, who, on the evening of the 21st of that month, ate a raw turnip and two very tough apples, as her mother informed me, and when I visited her, the following morning, she was in collapse, and exhibited all the distinctive signs and symptoms of Asiatic cholera. Her vomiting and diarrhoea were such as I have often witnessed since in cases which experienced and competent physicians have pronounced cholera Asiatica. Her hands and forearms were cyanosed quite as deeply or distinctly as any I have seen in the cholera hospitals in New York or elsewhere; her skin was cold, wet, and shrivelled.

Reaction followed the collapse, and congestion put an end to her sufferings and her life on the following day.

I do not report this as the first case of the kind that was seen in America, nor do I expect you or others to concur with me in the belief that this case was of the nature of true Asiatic cholera.

But my own experience and observation, together with information derived from other physicians, have convinced me that sporadic cases of cholera make their appearance among us before any cholera-infected vessels arrive in our ports, and that no quarantine regulations, however wise and rigidly enforced, can prevent the occurrence of such cases.

P. MOULTON, M. D.

New Rochelle, N. Y., Aug. 16, 1866,

News and Miscellany.

Royal Humane Society's Instructions.—Directions for Restoring the Apparently Dead.

From *Braithwaite's Retrospect* of January, 1866.

Rule 1. *To Maintain a Free Entrance of Air into the Windpipe.*—Cleanse the mouth and nostrils; open the mouth; draw forward the patient's tongue, and keep it forward; an elastic band over the tongue and under the chin will answer this purpose. Remove all tight clothing from about the neck and chest.

Rule 2. *To Adjust the Patient's Position.*—Place the patient on his back on a flat surface, inclined a little from his feet upward; raise and support the head and shoulders on a small firm cushion or folded article of dress, placed under the shoulder-blades.

Rule 3. *To Imitate the Movements of Breathing.*—Grasp the patient's arms just above the elbows, and draw the arms gently and steadily upward, until they meet above the head, (this is for the purpose of drawing air into the lungs,) and keep the arms in that position for two seconds. Then turn down the patient's arms, and press them gently and firmly against the sides of the chest. (This is with the object of pressing air out of the lungs. Pressure on the breast-bone will aid this.)

Rule 4. *To excite Inspiration.*—During the employment of the above method, excite the nostrils with snuff or smelling salts, or tickle the throat with a feather. Rub the chest and face briskly, and dash cold and hot water alternately on them.

Treatment after Natural Breathing has been Restored.

Rule 5.—1. *To induce Circulation and Warmth.* Wrap the patient in dry blankets, and commence rubbing the limbs upward, firmly and energetically. The friction must be continued under the blankets or over the dry clothing. Promote the warmth of the body by the application of hot flannels, bottles or bladders of hot water, heated bricks, etc., to the pit of the stomach, the arm-pits, between the thighs, and to the soles of the feet. Warm clothing may generally be obtained from bystanders. On the restoration of life, when the power of swallowing has returned, a teaspoonful of warm water, small quantities of wine, warm brandy and water, or coffee, should be given. The patient should be kept in bed, and a disposition to sleep encouraged. During reaction, large mustard plasters to the chest and below the shoulders will greatly relieve the distressed breathing.

2. *If from Intense Cold.*—Rub the body with some ice or cold water. Restore warmth by slow degrees. In these accidents, it is highly dangerous to apply heat too early.

3. *If from Intoxication.*—Lay the individual on his side on a bed, with his head raised. The patient should be induced to vomit. Stimulants should be avoided.

4. *If from Apoplexy or Sun-stroke.*—Cold should be applied to the head, which should be

kept well raised. Tight clothing should be removed from the neck and chest.

These instructions are closed with the following description of the appearances which generally indicate death, "There is no breathing or heart action; the jaws clinched; the fingers semi-contracted; the tongue appearing between the teeth, and the mouth and nostrils are covered with a frothy mucus; coldness and pallor of surface increases.—*Southern Journal of Medical Sciences.*"

Effect of Rain on Health.

Cold wet summers have always been accompanied by low death-rates. The following figures will be interesting in support of these facts:

	Rainfall of each year in inches at Greenwich Observatory.	Annual rate of mortality in England and Wales, to 1000 persons living.
1854	18.7	23.5
1855	21.1	22.6
1856	22.2	20.5
1857	21.4	21.8
1858	17.8	23.1
1859	25.9	22.4
1860	32.0	21.2
1861	20.8	21.6
1862	20.2	21.5
1863	20.0	23.1
1864	16.7	23.9
1865	29.0	23.4

Thus the highest death-rate of the twelve years, 23.9, occurred with the smallest rainfall of 16.7 inches, in 1864; and the lowest rate, 21.2, with the heaviest rainfall, of 32 inches, in 1860. This may doubtless be accounted for in many ways, and principally by the cleansing influence of the rain, during the summer, upon the impurities of towns, which, in dry weather, prove so noxious in crowded populations; but it is also very possible that the greater humidity of the air, induced by the rain, may be useful to all persons suffering from affections of the lungs.—*Builder.*

United States Vessels to be Quarantined at Havana.

MAYOR HOFFMAN received a letter from THOMAS SAVAGE, Acting Consul-General at Havana, written under date of August 11th, which reads thus:

"The Governor-General of the Island, under date of yesterday, advised me that, having official information of the existence of Asiatic cholera in various places of the United States, he has declared all ports in the United States to be 'foul,' and vessels arriving from them at ports of this Island, will be subjected to the most rigorous quarantine. This determination has been taken after the arrival of the steamship 'Hendrick Hudson' from Philadelphia in five days. She was ordered into observation for five days. Vessels ordered here into regular quarantine will have to ride it at Mariel, an outpost some forty-five miles westward of Havana, where preparations are being made for the reception and care of sick passengers,

"The state of the public health here has undergone no change since the date of my last communication. Please to cause the contents of this dispatch to be published for general information."

Disinfection and Deodorization.

Dr. HERBERT BARKER, the successful competitor for the Hastings Prize Essay for 1865, was led, by a series of observations and experiments on this subject, to the following conclusions:

1. For the sick-room, free ventilation, when it can be secured, together with an even temperature, is all that can be required.

2. For rapid deodorization and disinfection, chlorine is the most effective known.

3. For steady and continuous effect, ozone is the best agent known.

4. In the absence of ozone, iodine, exposed in the solid form to the air, is the best.

5. For the deodorization and disinfection of fluid and semi-fluid substances, undergoing decomposition, iodine is best.

6. For the deodorization and disinfection of solid bodies that cannot be destroyed, a mixture of powdered chloride of zinc, or powdered sulphate of zinc with saw-dust, is best. After this a mixture of carbolic acid and saw-dust ranks next in order, and following on that, wood-ashes.

7. For the deodorization and disinfection of infected articles of clothing, etc., exposure to heat at 212° Fahr. is the only true method.

8. For the deodorization and disinfection of substances that may be destroyed, heat to destruction is the true method.—*Journal of Chemistry.*

Cholera Mist.

Mr. GLAISHER, the aeronaut and astronomer, has drawn attention, in a letter to *The Times*, to a peculiar condition of the atmosphere, which he calls the "*Cholera Mist*," observable at Greenwich. It was noticed at the time of the last outbreak of the pestilence, in 1854—a thin, transparent, bluish haze—and is now visible in many different parts of the country. The most extraordinary fact in connection with it is that it remains stationary, being unaffected by the high winds that have, of late, prevailed. There is something very ghastly in the idea of this atmospheric shroud—of the orthodox cholera color, too! Its identity with the pestilence has been confirmed by the publication of a paragraph by Dr. COOPER, principal medical officer of the Great Western Railway Company, who asserts that a similar mist prevailed at Varna during the Crimean war, and in the West Indies in 1854—both cholera periods. With such a clue, the cause of the pestilence ought to be discoverable.

Pension Examining Surgeons.

Maryland—Drs. WM. H. LEE, Hagerstown; WM. H. BALTZELL, Frederick.

Illinois—Dr. JOHN POINDEXTER, Harrisburgh.

— PROF. JOSEPH JONES, M. D., of Augusta, Ga., has accepted the chair of Pathology in the medical department of the University of Nashville.

— THE mortality returns of England for 1864, show that in that year 28 of the men who died and 70 of the women had reached one hundred years of age or upward, one woman dying at 108, and one man at 109. Of these 98 very aged people, London had 12.

— CHOLERA STATISTICS OF NEW YORK.—From the 20th of July to the 20th of August, inclusive, 33 patients were treated in the Red House Hospital, of whom 19 died, 9 were discharged, while 5 remained at the latter date. This shows a mortality of 57.8 per centum, nearly. In the Battery Barracks Hospital, from July 26 to August 18, inclusive, 96 patients were treated, of whom 58 died, and 27 were discharged, leaving 11 under treatment at the date of last report. This gives a mortality of little more than 60.5 per centum.

— THE STEAMSHIP BAVARIA arrived lately at New York from Hamburg, with several cases of cholera on board. The usual process of cleansing and fumigation was instituted by the authorities, and quarantine ordered.

— ADULTERATION OF ARROW-ROOT may be detected, according to M. ALBERS, by adding to one part of the arrow-root three parts of a test liquid, which consists of two parts of hydrochloric acid, of 1.120 density, and one part of water. The mixture is shaken, at the ordinary temperature, for about three minutes. If the arrow-root be pure, it will undergo no alteration, but if it contain potato-starch, this will be converted into a gelatinous substance.

— The *Nashville Journal* is responsible for the following egg-story: "A case is reported in which a lady is said to have worn an egg for a pessary, instead of the shell, forgetting that some places are as good as others for hatching. Complaining of acute pain, her physician, on examination, detected the bill of a chick in the vagina. At the grave consultation which ensued among the doctors, the question arose, whether the husband was really *henpecked*, or only ran the risk of catching the *pip*."

Army and Navy News.

NAVY.

List of changes, etc., in the Medical Corps of the U. S. Navy, for the week ending August 25th, 1866.

Surgeon Samuel Jackson, detached from Navy Yard, Boston, and ordered to the U. S. Ship Pensacola.

Surgeon William Johnson, detached from duty as member of Naval Retiring Board, Philadelphia, and ordered to Navy Yard, Boston.

Surgeon W. S. W. Ruschenberger, detailed for duty as member of Naval Retiring Board.

Surgeon R. C. Dean, to be detached from duty at the Naval Academy, Annapolis, on September 3d, and await orders.

Surgeon David Harlan, ordered to report on the 3d of September, for duty at Naval Academy Annapolis, Maryland.

Acting Assistant-Surgeon Linneas Tussell, detached from U. S. Ship Massachusetts, and placed on waiting orders.

MARRIED.

BRITAIN—CARTER.—On Friday, August 10th, 1866, by P. H. Skaggs, Esq., at the residence of the bride's father, Dr. J. M. Brittain, of Buncombe county, N. C., and Miss Mattie E. daughter of Wm. H. Carter, of Knox county, Tenn.

BUCKNER—BRACE.—On August 3d, 1866, by Rev. Richard Gray, Dr. J. Horace Buckner, of Covington, Ky., and Miss Mattie A. Brace, of Charleston, Va.

DIED.

FLYNN.—In this city, August 24th, Dr. John Flynn.

LINDSLY.—August 8th, in Washington, D. C., Brevet Major Webster Lindslly, M. D., U. S. A.

TIBBETS.—On Sunday, August 12th, at the residence of his son-in-law, Silas Dolon, Clermont county, Ohio, Dr. Samuel Tibbets, a former resident of Cincinnati, in the 91st year of his age.

TUCKER.—In 'Stoughton, Mass., August 15th, Mary Manley Tucker, only daughter of Dr. Simeon Tucker, in the 24th year of her age.

WELLS.—In this city, August 24th, William R. Wells, infant son of Dr. J. R., and Massie A. Wells, aged 6 weeks.

WILSON.—In this city, on Monday, August 20th, 1866, Knight Uhler, son of Dr. J. F. and Rachel E. Wilson.

ANSWERS TO CORRESPONDENTS.

Dr. B. McC, Dubuque, Iowa.—Surgeons of New York, sent by mail, August 23d.

Dr. C. H., Wooster, Ohio.—History of Am. Med. Association, and Microcosm, sent by mail, August 23d.

Dr. M. H. R., Danville, Ind.—Chapman on Spinal Ice-bag in Cholera, sent by mail, August 23d.

Dr. J. F. J., Perryville, Ohio.—Barker on Nitrous Oxyd, sent by mail, August 23d.

Dr. J. K. B., Fairmount, West Va.—Dixon on the Eye, sent by mail, August 23d.

Dr. S. L. McK., Viola, Ill.—Half-dozen Hodge's Pessaries, sent by mail, August 9th.

METEOROLOGY.

August,	13,	14,	15,	16,	17,	18,	19.
Wind.....	N. E. Cl'dy.	E. Rain.	N. E. Cl'dy. Rain.	N. W. Clear.	N. W. Clear.	W. Cl'dy.	S. W. Shw'r.
Weather.....	6-10		7-10				7-10
Depth Rain.....	6-10		7-10				7-10
Thermometer.							
Minimum.....	59°	61°	63°	52°	50°	54°	58°
At 8 A. M.....	64	68	70	62	60	66	72
At 12 M.....	63	77	78	69	70	79	75
At 3 P. M.....	69	78	77	68	70	81	74
Mean.....	65.	71.	72.	62.75	62.50	70.	69.75
Barometer.							
At 12 M.....	30.	30.	30.	30.1	30.1	30.	29.9

Germantown, Pa.

B. J. LEEDOM.

PHILADELPHIA SCHOOL OF ANATOMY.

College Avenue, East from Tenth St.

The Dissecting Room in this Institution, will open on September 1st, 1866. Lectures will be given during September.

The Regular Winter Course of Lectures on Special, Practical and Surgical Anatomy will begin on the 10th of October, 1866, and continue until March 1st, 1867.

Three Lectures and two examinations will be given each week, at 7 o'clock, P. M.

Fee for the Course, the same as that for Dissections and Lectures thereon in the Colleges.

R. STANSBURY SUTTON, M. D., Lecturer.

Office, 314 South 10th Street.

Janitor, JOHN CAMPBELL.

492—3m.

SUMMER SCHOOL

OF

MEDICINE.

No. 920 Chestnut Street, Philadelphia.

ROBERT BOLLING, M. D., JAS. H. HUTCHINSON, M. D., H. LENOX HODGE, M. D.

EDWARD A. SMITH, M. D., D. MURRAY CHESTON, M. D.,

HORACE WILLIAMS, M. D.

The Summer School of Medicine will begin its second term on March 1st, 1866, and students may enjoy its privileges without cessation until October.

The regular Course of *Examinations and Lectures* will be given during April, May, June, and September, upon

ANATOMY,

SURGERY,

CHEMISTRY,

PHYSIOLOGY,

OBSTETRICS,

MATERIA MEDICA,

PRACTICE OF MEDICINE.

The subjects will be studied by the aid of Specimens, Manikins, Demonstrations, and Clinical Examinations of Patients.

Students will be given access to the Pennsylvania, Episcopal, and Children's Hospitals. The employment of the Microscope, and the microscopic appearance of the tissues and fluids in health and disease, with the chemical tests and reactions, will also be taught.

FEE, \$50.

SURGERY.

A Course of Lectures on SURGICAL DIAGNOSIS will be delivered by Dr. H. LENOX HODGE, during April, May, June, and September, at the Summer School of Medicine, No. 920 Chestnut Street, Philadelphia.

The history, causes, symptoms, and pathology of Surgical Diseases and Injuries will be carefully studied, and the means of recognizing and treating such disorders distinctly taught.

Instruction will be given in the use of the Microscope, Ophthalmoscope, Otoscope, Laryngoscope, Endoscope, and other specula; in Percussion and Auscultation, and other means now employed for physical examination.

FEE, \$10.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, and in Practical Obstetrics. They will be enabled to examine persons with diseases of the Heart and Lungs, and to attend women in confinement. The class rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text books, etc., will be constantly open for study.

The Winter Course of Examinations will begin with the Lectures at the University of Pennsylvania in October, and will continue till the close of the session.

Fee for Office Students (one year), \$100.

Fee for one Course of Examinations, \$30.

Class Rooms, No. 920 Chestnut St., Philadelphia.

Apply to

H. LENOX HODGE, M. D.,

479—530

N. W. corner Ninth and Walnut Streets.

THE MEDICAL AND SURGICAL REPORTER.

No. 497.]

PHILADELPHIA, SEPTEMBER 8, 1866. [Vol. XV.—No. 10.]

ORIGINAL DEPARTMENT.

Communications.

AMBLYOPIA, AMAUROSIS, AND THE EXTRACTION OF CATARACT.*

By LAURENCE TURNBULL, M. D.,

Of Philadelphia.

This translation was made during the past winter, for the *Boston Medical and Surgical Journal*, and is now collected from its pages. Its publication is stated by the translator for the two-fold object of introducing ALBRECHT VON GRAEFE to the American medical public as a clinical teacher, and of exhibiting the progress which has been made in the exploration of one of the most obscure departments of ophthalmic science.

These lectures were compiled and reported by Dr. ENGELHARDT, and were translated from the *Klinische Monatsblätter für Augenheilkunde* for 1863 and '65. From our earliest attempts to master the subject of ophthalmology, these terms amblyopia and amaurosis have constantly stood in our way, as being arbitrary and used by all writers on diseases of the eye to express loss or defects of vision, and when the ophthalmoscope was brought into practical application, we trusted with others, that these indefinite terms would pass away, and give place to terms of a more positive nature. But alas, the day has not yet come, for the recognized head of this department, as late as 1865, employs the same vague and uncertain terms, and thus writes and lectures upon them to students from every part of the world.

"In cases of amblyopia,† (from this class we, of course, exclude all those affections which proceed from visible changes in the *refractive media*, or in the *internal structure* of the eye, as also cases of *neuroretinitis* and *embolia*) three things

aid us in general in arriving at our conclusions. First, the *functional state* of the eye carefully considered; second, *the appearance of the papilla*; third, the *manner in which the affection* has become developed. Ordinary daylight is insufficient to detect slight defects in making a general examination of the periphery of the field of vision. This is to be conducted in a darkened room where the light proceeds from a graduated lamp, and a diaphragm being set at 100, and a black paper, without gloss, being held before the patient, (of course, at a fixed distance,) the limits of the field of vision are ascertained by means of white balls set on a black rod, and gradually removed from the point of fixation."

According to our author, the ophthalmoscope has determined that there are defined bounds to the class of amblyopic affections, by the exclusion of other intra-ocular diseases, and that there are four characteristic diagnostic points obtained by its use: *a*, alteration in color (of the optic nerve); *b*, opacity; *c*, excavation, and *d*, diminution of the calibre of the vessels. In the curative form, the papilla retains its delicate, semi-transparent color.

The following causes are given as producing this affection: The immoderate use of alcoholic liquors, frequent indulgence in strong cigars, pelvic obstructions, catamenial derangements, cold extremities, suppression of habitual hæmorrhagic discharges, or of pathological or physiological secretions, venereal excesses, irregular sleep, and immoderate use of the eyes, sometimes exert a separate, sometimes a combined effect, and it is then difficult to assign each their part.

His treatment of a case of congestive amblyopia, with normal field of vision, is as follows: The use of alcoholic beverages must be given up, that of tobacco reduced to a minimum, regularity in diet and sleep. Local depletion, a rapid evacuation of blood by the leech of HEURTETOUP, or by cupping in the neck. In hæmorrhoidal affections leeches to the anus, and in disorders of menstruation, cupping on the inside of the thighs. His diaphoretic treatment is principally (in imitation of many older practitioners) carried out by means of the decoction of ZITTMANN and the Roman or Turkish

* Being a Review of "Clinical Lectures by Prof. A. VON GRAEFE, translated by HASKET DERBY, M. D., Surgeon to the Massachusetts Charitable Eye and Ear Infirmary, etc. etc." David Clapp & Son, Printers, 384 Washington street, Boston. 1863. Pp. 86. Letter from Berlin, Jan. 27th, Ophthalmological Department *Cincinnati Lancet and Observer*, May, 1866. Pp. 319, 320, and 321.

† Obscurity of Vision.

baths of dry heat instead of vapor. Abdominal disorders are treated by the use of the mineral springs of Marienbad, Kissingen, Homburg, and Carlsbad. Good and regular sleep must be had, and affords the most grateful refreshment to the active nerve of vision.

Having thus given what we consider the most interesting and instructive epitome of the author's views on the subject of amblyopia, we shall pass to the consideration of amaurosis. The course of the most desperate form is as follows:

"Slowly, but not regularly so, in the course of months or years, the field of vision of the first eye becomes contracted, (generally irregularly, laterally,) its acuteness of vision diminishes, atrophic degeneration of the papilla takes place, and the organ is lost, while after the first eye has begun to be affected, sometimes not till after its entire loss, the second commences to run the same course. These cases are indeed utterly hopeless; they are regarded as a *noli me tangere* by the experienced physician, who cautiously refrains from active treatment, knowing that this may easily harm, and at the best can be of little service.

A few remarks may be added, on the nature of amaurosis. Where there are no objective intra-ocular symptoms in cases of impaired vision, we are apt to speak of cerebral or spinal amaurosis. Especially interesting is the connection of progressive amaurosis with paralysis and mental alienation—the course of the degeneration is from the vertebral column toward the interior of the skull. Of all the many cases of spinal amaurosis, (forming as they do, some thirty per cent. of the graver forms of progressive amaurosis,) which has come under VON GRAEFÉ's observation, he can recollect but two instances where the disease progressed in an opposite direction. It may be regarded as a fixed fact that there is no question of an inflammation of the nerve connective tissue, in the ordinary sense of the word, in amaurosis or tubes dorsalis. By the ophthalmoscope it is found that in the optic papilla there is either simple loss of substance, (atrophic excavation,) the most perfect type of a true atrophic process; sometimes there occurs a gradual consolidation of the connective tissue, the papilla growing smooth, white, and opaque, while the lamina cribrosa becomes hidden.

Having given his treatment of a case of congestive amblyopia, we shall now give an abstract of his treatment of a case of progressive amaurosis, depending on atrophy of the optic nerve.

It is simply necessary to state that all powerful derivative agents, cathartics, seetons, mercur-

rials, diaphoretics, and depletives, beneficial as they may be in cases of congestive amblyopia, (Case 1,) are here decidedly injurious. In the average of cases of progressive atrophy, the best means of retarding its progress consists in a mild tonic course—small doses of an iron salt, and tonic baths, milk and whey diet; in other words, a nutritious, but not stimulating diet, good air, a moderate course of cold bathing, and carefully regulated amount of light. Cases 3 to 8 are interesting and also instructive, and are well worthy of perusal, but our want of space prevents us from entering even upon an abstract.

In concluding this part of our subject, we may state that the terms amaurosis and amblyopia are merely symptoms of diseased eyes. The true typical symptoms are a diminution in the acuity of vision, (*s*) and should be carefully investigated by test types, optometer, by concave and convex glasses, and the ophthalmoscope.

The "Clinical Remarks on a Case of Extraction of Cataract" occupy twenty-four pages. A few practical points we here marked, and first, as to simple cataract, if there is such a thing, "are those cases where we are unable to discover any affection of the deeper structures of the eye, and no break exists in the nervous apparatus. Only one eye should be operated upon at a time." The translator corroborates this from WECKER, who states that the elementary principles of prudence indicate sufficiently the impropriety of performing the operation of cataract on more than one eye at a time.

The opinion of some of VON GRAEFÉ's colleagues, that extreme age does not exert a particularly unfavorable influence on extraction, is most emphatically contradicted by his tables, which show, after the 65th, and particularly after the 70th year, a considerable falling off in the percentage of recoveries.

A sunken position of the balls has been particularly dwelt upon as an unfavorable circumstance, in so far as it interferes with the mechanical execution of the operation. This is only so when it depends on general marasmus and coupled with senile diminution in the diameter of the cornea. The tendency of iritis is decidedly greater in marasmic eyes, (increasing, as it does, in proportion to the age.)

Taking all the circumstances into account, the general prognosis of flap extraction must be here essentially modified. According to his reckoning of 100 cases of flap extraction, 65 result favorably, by which he means the gaining an acuteness of vision of at least $\frac{1}{4}$; if more than 75 years of age, of at least $\frac{1}{2}$. In 15 of the re-

maining 35, a favorable result is attained by a subsequent operation, consisting either in an operation for secondary cataract, or in an iridectomy with an operation for secondary cataract; of the 20 that now remain, about a third get at least vision enough to go about alone, (acuteness of vision 1-50 to 1-30,) a second third gain still less, and from 6 to 8 per cent. of all eyes operated on remain or become entirely blind."

What advantage is to be gained by combining an iridectomy with flap-extraction? Does it ward off the danger of diffuse suppuration of the cornea? Not in the least. While it appears that iridectomy offers no protection against the occurrence of diffuse and partial suppuration, on the other hand, it does insure a more favorable course of things, and to a certain extent prevents the occurrence of iritis and prolapse of the iris. All so-called *preparatory* treatment is not only superfluous, but mischievous, unless indeed, there are special circumstances in the individual case requiring attention. It is sufficient to induce a gentle evacuation, by the use of castor oil or some other mild laxative, the day before the operation.

If we have a chance of previously watching the patient, it would be well to test the effect of a dose of morphine at least two days before the operation, in order to ascertain how the individual is affected by a drug we are so likely to subsequently employ, and which acts so differently in different cases. Use the upper section, if we adopt the compressive bandage. In accordance with our usual practice, operate on the patient in bed. Special stress is laid on the proper management of the bandage after the operation. "The orbital hollow is first evenly packed with charpie, which has been picked over and put together in the form of small tufts, the whole being secured by a single turn of a snug-fitting flannel bandage passing over one eye. This is held in place by another single turn around the forehead, the first half of which comes before, the other half after the turn passing over the eye. The middle portion of the bandage passing over the eye is knit of cotton, and not of flannel. Tolerably firm pressure must be made during the first few hours, and then gradually relaxed, in order not to hinder the escape of liquid secretions."

The author gives the details of a case of a female, aged 64, which we cannot follow, but sufficient for us to give the result after the operation. The entire corneal wound becomes infiltrated with opaque yellow matter, to the extent of nearly 1"', and evidently throughout its entire thickness. The whole corneal flap has a yellow-

ish, sodden appearance. Through its upper third alone is the iris visible, and the re-establishment of the anterior chamber evident. The cut edges are not in contact. The suppuration is not from the iris, but from the cornea. What can we do that will tend to limit the suppuration? Shall ice-cold applications be made? No. Application of leeches? No. Shall venesection be performed? No. What remains to be done—the bandage changed every three hours, subsequently at longer intervals, in case the suppuration shows the desired diminution. Between the applications of the bandage, camomile fomentations, at a temperature of 95°, are to be used on the lids. The diet to be bouillon, and to drink milk. The operation was performed, we should judge, on the 4th of January. On the 9th, the warm fomentations we omitted, and atropine to be instilled.

January 20. The progress of the case has been as favorable as could possibly have been anticipated. The purulent infiltration in the vicinity of the wound has become more and more consolidated, and will leave a cicatrix about $\frac{3}{4}$ " in breadth. A tissue in process of organization may be seen to extend from the wound to the pupil, indicating the course of the previous suppuration. The effect of the atropine may be seen in an enlargement of the pupil upward—artificial pupil entirely filled and contracted favorable for a subsequent iridectomy, and this he considers due to the *constrictive bandage* kept up for five days after the date of the last record. The results would have been more favorable if the bandage had been used earlier.

In concluding our notice of Dr. DERBY's translation, we most heartily thank him for his labor of love for our benefit, for it is a most valuable addition to our knowledge of the subjects treated of, more especially that part of it on the difficulties and dangers of all the forms of extraction of cataract. The customary mode is to report only successful cases, and so to give the impression that in the great majority of instances it is a successful operation. But our experience of the last twenty years has demonstrated the falsity of many of the reports in regard to this operation, and indeed of all operations for the removal of cataract. We find that, since 1863, GRAEFE has modified his operation, and his new method of extraction he calls "the modified linear extraction." According to Dr A. D. WILLIAMS, "since June, 1865, he has practised this new operation exclusively in all cases of adults where the cataract is hard." A full translation of this method, by Dr. SAMELSON, will be found in course of

publication, with illustrations, in the *London Ophthalmic Review*, which we before referred to, but we, in our short notice, prefer the letter of an American physician, who gives a more concise description of the *modus operandi* and results. The patient lies on a sofa or couch, as usual. Chloroform may be administered or not, as may be thought best by the operator or desired by the patient.

"A strong wire speculum is introduced, which holds the lids wide apart. The eye is fixed with a forceps by fastening the conjunctiva near the lower margin of the cornea, and can be turned downward, or in any desired direction. When thus depressed and held by the forceps, the eye is ready for the incision. The knife used is very small, varying from one to one and a quarter inches in length, and from one and a half to two lines in width at its widest part. The point is very fine and sharp, and passes almost without resistance through the cornea. The incision is made directly upward, the eye of course being held in proper position. The sclerótica is punctured as far back as possible, so as still to enter the anterior chamber directly in front of the outer margin of the iris. The knife is now carried forward in the direction of the centre of the dilated pupil, until it passes beyond that centre, when it is turned upward close in front of the iris, on the opposite side, where the *counter-puncture* is effected, through the sclerótica. It is now held close to the anterior surface of the iris, and by a gentle sawing motion the flap is completed. When the section of the sclerótica is accomplished, the edge of the knife is turned directly forward, so as not make too large a conjunctival flap. The length of the wound should embrace about one-third of the circumference of the eye, parallel with, but behind the margin of the cornea. The conjunctival flap is now moved out of the way by gently laying it back with a pair of forceps toward the cornea. The iris generally prolapses, and now lies perfectly naked in the wound. Simple iridectomy, in the usual, well known way, is next made, and must be large, extending from one end of the incision to the other. The large iridectomy facilitates very much the exit of the cataract, by making the opening through which it has to pass out freer. Now comes the incision of the anterior capsule, which is done in a peculiar way. For this purpose, a common hook, slightly bent so as to facilitate its introduction into the anterior chamber, is used. It is passed in front of the lens, till it comes nearly opposite the lower margin of the expanded pupil, when by rotation, the point is brought in contact with the capsule. Then by gently drawing it upward and inward, the capsule is divided entirely to the upper and inward margin of the lens, terminating at the edge of the artificial pupil. A second slit is now made, starting from the original point, and terminating at the upper and outer margin of the cataract and the corresponding edge of the new pupil. In this way the capsule is opened in the form of a **V**, with the base upward, so that every possible obstacle to the escape of the cataractous lens is removed. Now, how is the lens

to be extracted? He makes use of a pretty large scoop, and bent at a more accurate angle than that of DAVIEL, for convenience of manipulation. The posterior lip of the scleral wound is now pressed gently downward and inward, so as to bring it rather beneath the upper edge of the lens, and thus allow the cataract to slip out. Should this not succeed, he makes a 'sliding manœuvre' from right to left, or *vice versa*, along the posterior lip from one end to the other, pressing it inward at the same time, as much as is advisable. This simple movement frequently resulted in loosening the cataract, and causing it to escape. If this in turn, does not succeed, he lays down the scoop, and takes a small hook made expressly for the purpose, and introduces it through the capsular opening at the upper margin, passes it carefully behind the lens but within the capsule, till its point reaches near the lower edge of the same. The hook, of course, introduced with the plane of the point parallel to the capsule, is now turned with the point forward, and pressed into the hard substance of the lens. By very *slight* traction the cataract is drawn out. It is to be supposed that one or the other of these three manœuvres will be successful. Up to the present time I have not witnessed a single operation when they all failed. From my observations, the hook will have to be used in about half the cases. As in all other operations for extraction, these manipulations must be made with gentleness and caution, and *never* in a hurry, or with force. These delicate precautions are necessary to avoid the rupture of the hyaloid membrane and escape of vitreous humor. After the hard nucleus is removed, the remaining soft cortical substance is induced to escape by gently rubbing the lower lid over the cornea a few times, from below upward, as in ordinary flap extractions. The wound in the sclerótica is now cleared carefully of all particles of lens, or coagula of blood, so that the coaptation may be perfect. The flap of conjunctiva is now turned back into its natural position, and nicely adapted with the forceps, so as to cover the wound in the sclerótica. The eye is at last closed, the orbital cavity filled up with charpie, and over this the usual bandage, moderately tight, is applied. I should have mentioned before, that the speculum and fixation forceps are removed immediately after the exit of the nucleus or bulb of the cataract. The patient is kept quietly in bed, and free from all excitement, and not allowed to talk or chew anything hard. The diet is restricted to rather a minimum quantity of fluid articles, and the patient is not allowed to rise up, unless it is absolutely necessary to answer the calls of nature. Some six or seven hours after the operation the eye is opened, the charpie replaced by fresh, and the bandage reapplied. The following day the bandage is taken off twice, and atropia instilled into the eye, and this is repeated each day. By keeping the eye bound up several days, the possible springing of the wound is avoided, an accident by no means uncommon after flap extractions. Only one instance of this kind is reported, after the operation by GRAEFÉ's method. The operations are all made down stairs, so that the patient must rise and be led up two or three flight of stairs to their

rooms. On an average, patients are discharged, after the operation, in from ten to twelve days, and some even *inside of a week*. On the second day they are allowed to sit up if they wish. I see persons here who are operated on Friday, and on Monday are taken down to the lecture-room to be presented to the class, and again walk up the stairs to their rooms. Such a thing would hardly be allowed within ten days after an ordinary extraction. The wound in the sclerótica heals first by intention, and in a remarkably short time. The conjunctival flap unites very soon, by means of its sub-conjunctival tissue to the episclera, and thus completely closes the wound in the sclerótica. A *cystoid cicatrix*, which occurs so often after iridectomy in glaucomatous eyes, has not yet been observed after this modified form of linear extraction. By cystoid cicatrix is meant those instances where the cut in the sclerótica does not heal, but allows the aqueous humor to escape through it under the conjunctiva that has united over it—thus forming a bladder or little cyst—hence the name. This form of cicatrization after iridectomy for glaucoma, is not owing to the fact the *incision is made in the sclerótica*. The cause is to be sought in the nature of the disease, especially the unnatural tension of glaucomatous eyes, which predisposes to healing by such a process.

"The reaction after GRAEFE's new method, is very inconsiderable indeed. The conjunctiva, it is true, reddens smartly from the incision and the irritation produced by the fixation forceps, but the cornea and sclerótica only exceptionally, take on even a slight degree of inflammation. As a rule, little or no pain follows the operation, and no constitutional disturbance. Some stress has been laid on the question as to who shall hold the forceps during the different stages of the operation. This, I think, may be left to the option and convenience of the operator. He may fix the eye himself, or entrust it to a safe and reliable assistant.

"In the brief account which I have given of the 'modified linear extraction'—a method that promises, sooner or later, to come into general use—I have confined myself to a statement of the different steps in the *normal* operation, and have avoided purely theoretical questions. GRAEFE, in the article above cited, gives the results of sixty-nine cases operated by his method. Of these, none were completely lost. There were sixty-two perfect, and seven imperfect results. Among the latter were six who could see comparatively well, and two at the time of his writing, (Aug. 1865), stood a fair chance to get better vision without a second operation. Four will have to be operated on for secondary cataracts, an occurrence not at all uncommon after all cataract operations. In the seventh case, the sight was very imperfect, but there was a tolerable prospect of improvement by subsequent removal of the opaque capsule."

In regard to this modification of VON GRAEFE'S, it must be tested by numerous operators before a true verdict can be given. Dr. WEAVER speaks in his recent work in the most favorable manner of *his method*, which is the extraction of cata-

ract, together with its capsule, without laceration, under the influence of ether, which anæsthetic he prefers to chloroform.

ON EXTRACTION OF SOFT CATARACT BY SUCTION.

By A. D. HALL, M.D.,

Surgeon to Wills (Ophthalmic) Hospital.
Philadelphia.

The remarks which I am about to offer are upon a subject of every day occurrence, and one that in some of its phenomena does not receive the attention that it deserves. An injury of the lens, as usually inflicted by the point of an umbrella, or parasol, the prong of a fork, pieces of glass, gun-caps, fragments of coal, grains of gun-powder, and the various missiles familiar to practitioners, is not confined to the lens alone, but is very often complicated with iritis, either occurring primarily from the injury received by that structure in the course of the wound; or secondarily, from the swelling up of the lens, owing to the rupture of its capsule, permitting the aqueous fluid to flow in, distending its structure, and causing it to press forward upon the iris and ciliary process, giving rise to tedious, painful inflammation, with its serious results.

Almost daily, surgeons having much to do with ophthalmic practice meet with cases of this kind, where plainly the existence of iritis is not recognized, and irritating eye washes are prescribed, at the expense of valuable time, and the possibility of an occluded pupil; and yet these are the cases that are liable to occur to any one, and the ready diagnosis of which may turn the scale, for or against the eye.

Let us take a typical case. A man receives a blow or a puncture, with a sharp instrument. There is a wound of the cornea, a few lines in length; in the course of a day or more, we see a cloudy opacity of the lens; and still further, a gaping wound of the capsule, with some portions of opaque lens-substance pushed out into the anterior chamber, which we also see is diminished in size; there is intense ciliary congestion, the cornea looks cloudy and roughened, the iris has lost its natural hue and shape; and even more than the loss of sight, the man complains of intense pain; pain in his temple, and back of his head, depriving him of sleep and comfort. His sufferings are so great, that he tells you he must have ease. Now what will relieve him? will leeching? will opium, will atropia instillation relieve him? Not always. What will do so? When the indications are present, make a linear opening in the cornea, introduce a curette, and allow the fluid

lens tissue to run out. The man is relieved, and blesses the hand that saves him pain. This injunction, however, requires some qualification; in the cases of children, for example, for in them there is less danger of troublesome symptoms following these injuries; and we can afford to wait longer than we can in the cases of adults, or old people, in whom very little swelling of the lens will excite the most dangerous symptoms.

Cases of soft cataract are, as a general rule, readily curable by a needle operation. In those cases in which the lens assumes a semi-fluid form, the extravasation of its contents, which appear to possess some irritating properties, not unfrequently gives rise to serious inflammation, and this untoward event is prevented by the operation of suction, by which the lenticular matter is immediately removed from the eye. Although in the following case the operation proved highly successful, I would not recommend its indiscriminate employment.

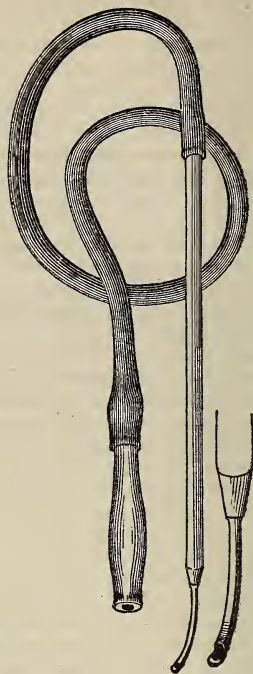
The needle operation has the advantage of doing all that can be done by suction, without its dangers. And that the wound of the cornea, and interference with the eye in suction, may lead to inflammatory trouble in certain cases, any one familiar with eye surgery must feel instinctively. It adds, however, one more resource to the armamentarium of the surgeon, and may be used in cases where rapidity of cure—regardless of possible risk—is a matter of some consideration. In performing this operation, Mr. TEALE recommends that the capsule be lacerated by two needles, introduced from opposite sides of the cornea. The capsule then to be freely torn open, and allowed to retract behind the iris. This is not necessary, and it would be a dangerous operation for every one to undertake. The force of this remark will be appreciated by any one who uses two needles for the first time.

Practically, it is much simpler to combine TEALE's two steps in one. That is to say, open the cornea, and lacerate the capsule with one and the same instrument. This will appear shortly. The instruments required are the ordinary broad-cutting needle, (such as is usually supplied in cases of eye instruments,) and the suction apparatus. The cutting needle should make a wound large enough to admit the curette; nothing is gained by a larger opening.

The suction instrument is well portrayed in the wood cut; it is simply a light glass tube, with the tubular curette fixed at one end, and the flexible tube with a mouth-piece at the other.

The curette "is the size of the ordinary curette, but differs from it in being roofed in, to within a

line of its extremity, thus forming a tube, flattened on its upper surface, and terminating, as it were, in a small cup."



The Operation.

The pupil having been fully dilated by atropia, the surgeon introduces the cutting needle at a point of the cornea opposite the dilated pupillary margin, passing on his instrument he ruptures the capsule of the lens, and if required, by a little lateral movement, increases the size of his incision.

Withdrawing the needle, the curette is introduced, and passed gently into the lens; taking care not to sink it too deeply into its substance, lest when suction is applied, the posterior capsule should be drawn in too forcibly, be ruptured, and produce prolapse of the vitreous, thus complicating, at least unnecessarily, the progress of the case.

The curette then being in position in the lens, suction is to be made gently and steadily; if made quickly, or by fits and starts, you withdraw too rapidly, or draw in tissues not desired.

By this method you will clear the pupil in a moment, and will have the cataract "bottled up" in the glass tube of your instrument.

In the following case, the eye had done so well by the third day after the operation, that with a two and a half inch convex glass the patient could read No. 4½ of SNELLEN's type.

For the report of the case I am indebted to Dr. Wm. W. McCURE, the excellent House-Surgeon of the Wills Hospital.

Mary F—, aged 45; single; of good general health, received a blow on the right eye, five weeks ago, resulting in traumatic cataract. In the right, or cataractous eye, she had mere quantitative perception of light. The lens was quite opaque, and of a milky color. The pupil was active, and free from adhesions.

Aug. 9th, 1866. The operation was performed, as described above, without any difficulty, or drawback, and cleared the pupil completely. The patient at once could count fingers, and see the faces of persons surrounding her.

Aug. 10th. Free from pain. The dressings, with the exception of the adhesive strips, were removed; the eye and adjacent parts were bathed with a solution of atropia; a little being allowed to find its way in between the lids, without disturbing them.

Aug. 12th. (Four days after the operation.) The dressings were now thrown aside, vision having been completely restored, the eye in good condition, and the wound in the cornea healed.

Aug. 24th. Fifteen days after the operation, an examination at the patient's home gave the following results. With $2\frac{1}{2}$ convex glass can read No. 2 of SNELLEN readily, and with a little effort can see No. $1\frac{1}{2}$, and no doubt in the course of another fortnight she will read the last with ease.

It is a little singular that Mr. DIXON, in the last edition of his work, when briefly treating of the operation by suction, supposed to have been originally employed by the ancient Persians, while referring particularly to MM. LAUGIER and BLANCHET, should make no mention of Mr. TEALE, to whom we are indebted for a very ingenious mode of practical application.

Bibliography.

For those who may wish to follow up the literary history of the operation, I have appended a few references to authorities on the subject. I am indebted to Mr. TEALE for many of them; others I have added myself. That I have not been able to consult WECHE's great work, the latest and most exhaustive on the whole subject of ophthalmology, is a matter of sincere regret.

Arlt, Krankheiten des Auges. Band II. 352.

Desmavies, Maladie des Yeux, tome III. 325.

Dublin Quarterly Journal, May, 1848.

Annals d'Oculistique, vol. xvij., p. 29.

Ophthalmic Hospital Reports, vol. II., part II., p. 141.

British Medical Journal, July 9th, and Sept. 3d, 1864.

The Lancet, Sept. 24, 1864, p. 348, and Ophthalmic Hospital Reports, vol. IV., p. 149.

Dixon, Practical Guide, etc., Amer. edition. 1866. P. 353.

Laurence and Moon, Ophthalmic Surgery. London. 1866. P. 91.

Spruce st., Sept. 1866.

BIOGRAPHICAL SKETCHES OF Distinguished Living New York Physicians.

By SAMUEL W. FRANCIS, A. M., M. D.,

(Fellow of the New York Academy of Medicine.)

VI.

James Anderson, M. D.,

(President of the New York Academy of Medicine.)

"An honest man, close-buttoned to the chin,
Broadcloth without, and a warm heart within."—*Cowper*.

Dr. ANDERSON was born in the city of New York in the year 1798. His father and mother, DAVID and GERTRUDE ANDERSON, soon after his birth, moved into the country, and resided on the borders of New York and New Jersey. He has had seven brothers and one sister, JOHN, GANOT, JAMES, DAVID, DANIEL, WILLIAM, MALVINA, and HENRY. In 1814 his parents returned to the city, and he has ever since, with brief intervals, made it his residence. During his rural sojourn he attended country schools, and in 1815 and 1816 became a pupil in the excellent grammar school of the blind teacher, JOSEPH ACTSON, LL.D., in Franklin street, who subsequently became Professor of Latin and Greek in RUTGERS' College, New Brunswick, New Jersey. In 1817 his father moved, with the rest of the family, to Illinois, while he remained in New York, being at that time nineteen years of age, and began to turn his attention to his future pursuit, which was that of a Doctor of Medicine. He did not follow any collegiate course at this time, nor was he graduated from any academical institution; but, being rather delicate in health, passed much of his leisure in active out-door exercise, both on land and water. This weakness of constitution was the result of an alarming attack of summer complaint, when he was an infant, which emaciated him to such an extent that the convolutions of his intestines were visible, and for a time he was given up. During the winter of 1813-14, from over-exposure to cold while walking four or five miles through mountain passes which were covered with snow, he over-fatigued himself, and was prostrated with typhus fever, at that time very prevalent. In the fall of 1826 he also became dangerously ill from bilious fever, which he contracted while

attending a patient who was ill at Elizabeth Town, New Jersey; where the Doctor was obliged to stay over night two or three times a week. Chill and fever troubled him after this for some two or three years. Though the victim of so many attacks when young, since that period the Doctor's health has been so very excellent that he has not been confined to the house from illness twenty consecutive hours, with the exception of an accident which injured the lumbar region, and resulted in spinal meningitis. He was rapidly relieved by the judicious application of leeches, cups, blisters, and was only compelled to remain at home five days.

The Doctor never entered into any other pursuit than that of a physician, and, after following out the prescribed course, was formally graduated M. D. from the College of Physicians and Surgeons in 1820. His Thesis was on Neuralgia, and he pursued his course of medical studies under the guidance of RICHARD S. KISSAM, M. D., at that time Surgeon to the New York Hospital, whose office he entered, and in time became his principal assistant in surgical operations. After remaining with Dr. KISSAM two years, he entered the office of DAVID L. HOSACK, M. D., LL.D., Professor of the Theory and Practice of Medicine, and Physician to the New York Hospital. Soon after receiving his diploma Dr. HOSACK obtained for Dr. ANDERSON the appointment of Surgeon to accompany the West Point cadets, under the command of Colonel NORTH, while on an excursion to Philadelphia, and gave him a letter of introduction to Dr. HORNER, Professor of Anatomy. Dr. ANDERSON went with the company, but did not present his "letter," owing to the distance of the encampment from the Doctor's residence,*

* As the following notes explain a fact in the life of the distinguished Dr. HOSACK, I take the liberty of publishing them for future reference:

"NEW YORK, August 15th, 1820.

"My Dear Anderson: I enclose a letter for you to Dr. HORNER, the Teacher of Anatomy in the College of Philadelphia. I wish you to see his collections, and examine them with great care, for I shall probably have you attached to my office. I have closed my engagement with Dr. FRANCIS. Do find out the state of the city, and write to me, that I may communicate your information to the Board of Health.

"In haste, yours,

"D. HOSACK.

"Call on Dr. HORNER as soon as possible."

"NEW YORK, August 15th, 1820.

"Dear Sir: Doctor ANDERSON, a pupil of mine, and graduate of our college, is in Philadelphia, and he is particularly attached to anatomy, and has made for me many valuable anatomical preparations, and is likely to be eminent in that branch of professional knowledge, in connection with surgery. I beg leave to introduce him to your acquaintance, and ask the favor of you to give him an opportunity of seeing your valuable collections. He is young, and has had no opportunity of seeing col-

and the shortness of his stay. In the fall of 1820 he was engaged by Dr. HOSACK to take charge of his office, and private class of students, and examined them daily in anatomy, surgery, dissecting, and making anatomical preparations, some of which are still in existence. Recent improvements in the art of injecting the arteries, and the many beautiful plates, now open to the inspection of all, have rendered the preparation of specimens much easier than it was formerly.

For three years Dr. ANDERSON continued to instruct this private class of medical students, which numbered from twenty-five to forty at different times. He also made a similar arrangement with Dr. JOHN W. FRANCIS, Professor of Obstetrics, and continued with him over three years from the time his connection with Dr. HOSACK ceased. Some of the anatomical preparations made at this time, under his special supervision, are now to be found in the Geneva College Museum. He likewise maintained the deepest interest in RUTGERS' College anatomical preparations, under Professor GODMAN, and, after his death, with Dr. BUSHE, "when," to use his own words, addressed to me on the subject, "the College was shut by the continued persecutions of legislative laws." After this he confined himself strictly to private practice, not even taking rest enough to venture abroad, having resided in the city of New York since 1822.

In 1829 he formed a connection with Dr. BUSHE, not infrequently being left in charge of the Doctor's patients during his absence from town. On these occasions Dr. ANDERSON did not confine himself to the medical treatment of disease, but performed, with gratifying results, operations for hernia, popliteal aneurism, removal of tumors, and various amputations.

In the spring of 1822, he married Miss E. C. ANTHONY, of New York, and was blest with four children, one of whom, a son of praiseworthy steadiness, is now relieving his father of the over cares of a large practice, and assuming the responsibilities of the medical profession.

On asking Dr. ANDERSON his opinion of the prevalence of smoking, he replied as follows: "I do not smoke, except at the St. Nicholas Dinner, when I take three or four puffs of the long pipe.

lections on a scale you possess. Your attention to him therefore will be peculiarly grateful to him, and will confer a favor upon me. You will find him intelligent, and adroit with his knife and syringe, and on these accounts I am sure you will give him an opportunity of seeing the details of your anatomical laboratory. I hope to have the pleasure of seeing you in New York, and of personally acknowledging the favors I have received from you.

"Very truly, yours, in haste,

"D. HOSACK.

"Dr. HORNER, Professor of Anatomy."

I could never learn when a boy. It is a *dirty* and *filthy* practice; has no good effect, but evil continually. No man, who is the subject of dirty and filthy habits, can be a gentleman. The definition of the latter term is very indefinable. No so powerful a drug can be used with impunity, no more than arsenic or opium."

With regard to any favorite branch of practice, the Doctor at first paid more attention to surgery, though not to the extent of a specialty, pursuing what is known as a general practice; treating, however, those cases of a surgical character that came under his immediate inspection.

The Doctor's height is 5 feet, 9 inches, and his weight, for the last forty years, varying from 145 to 150 pounds. His appearance is that of a thin, healthy man, with a florid complexion and clear eye.

He was brought up in the Protestant Reformed Dutch faith, which came over here in company with "our good old Holland fathers," and has been a member of that church over forty years. To use his own words, in reply to my question on the subject, "My faith and doctrines are to be found in the old Heidelberg Catechism, which is a very able exponent of the doctrines of salvation as taken from the Bible."

The Doctor has not written much, preferring to read rather than make books; but a few emanations from his brain may be recorded, of which we find the following:

1. Case of Neuralgia.
2. " " Albuminuria.
3. " " Delirium Tremens. Published in N. Y. Academy of Medicine Bulletin for 1860.
4. Inaugural Address before the New York Academy of Medicine.
5. Address before the American Medical Association, as Chairman of the Committee of Arrangements.*

On asking him if he would be a Doctor again, he replied, "I have no reason to be dissatisfied with the profession. I have worked hard, and God has prospered me. I hope I have many friends, and but few enemies. I feel proud of the profession. It is second to no other, and in many respects above, in moral influence, owing to the peculiar relations to society. As a whole, there is a high morale. In a business point of view, it is sure of success, under proper directions and energy."

Dr. ANDERSON has been a member of the Executive Committee of the New York Academy of Medicine, one of the Corporators in the Board of

Trustees; Vice-President several years; and has been elected President of the New York Academy of Medicine three consecutive terms of two years each. This last honor speaks well for the satisfactory manner in which the Doctor has presided. During his administration, the Academy has seen some of its most exciting times. To briefly mention a few of the disturbing elements, memory can call up the GREENE and WHITNEY case, swill-milk discussions, politics versus medicine during the commencement of the rebellion, etc. Truly one may say that, in looking over the bulletin for the past six years, papers have been read, of the most vital interest; experiments of an original character explained, and theories based on experience unfolded by the profession, that constitute an epoch in the progress of that science.

Dr. ANDERSON was one of the Board of Managers of the Society for the Relief of Widows and Orphans of Medical Men sixteen to seventeen years; Vice-President eight years, and President three years. Member of the Council of Hygiene and Public Health of the Citizens' Association, since its organization, and a member of the Beneficent Board of the Reformed Dutch Church, Missionary Society, Sabbath School, and Publication Board nearly thirty years.

Dr. ANDERSON has done much to keep up a kindly fellowship among the members of the Academy of Medicine. His receptions during the winter are composed of the best part of the medical profession, and his kind and hospitable manner has accomplished much in reconciling prejudices. Through his exertions a complete list of cabinet photographs of all the Presidents of the New York Academy of Medicine have been procured, together with a new volume for the signatures of recently-elected "Fellows."

There are those still living who remember the alacrity with which "young ANDERSON" went forth, after the manner of "Cruncher," in company with some six medical students, to procure a body for the use of Prof. GODMAN, at the time Dr. ANDERSON was his demonstrator. Not a few have praised his daring in endeavoring to dig up a body in Potter's Field, while others of his party called on the keeper and endeavored to arrest his attention while they continued their labors. Memory also laughs over the roused suspicion of the keeper and his son; the sudden accelerated ejection of the two callers at midnight; their chase by bull-dogs, and sudden secretion in the company of five hundred hogs; as though, like evil spirits, they had been cast into the swine; and the return of the disappointed party! Gratifying is it, in-

* See Transactions for 1864.

deed, to know that at the present time a few dollars will procure cadaverous facilities and immunity from punishment.

— ♦ —

**NITRO-MURIATIC ACID AND STRYCHNIA
IN CEREBRO-SPINAL MENINGITIS,
(SPOTTED FEVER.)**

By SAMUEL M. HARRY, M. D.,
Of Maryland.

Two cases of spotted fever having occurred in my practice since May 1st, 1866, I have concluded to give you the history of each, the treatment, and the final result; also some other affections in which I have found the above remedy very efficacious.

On May 1st, 1866, was called to see the daughter of W. J., aged $4\frac{1}{2}$ years; found her with high fever, quick pulse, flushed face, and great restlessness, so much so, that she could not be retained in one position two minutes at a time, and calling out continually, "O My!" Her mother said she had not been well the day previous, but was still up and down; that in the night she had a chill, and then the fever came on; her bowels had not been moved. I gave her a powder of calomel, rhubarb, and ipecac., to be followed with oil and turpentine; left a mixture of chlorate of potassa and ipecac., in the form of a tea, to be given every two or three hours during the fever; cold to the head, mustard to the back of the neck, as she complained very much of her head, particularly the back part. The next morning found her in the same restless condition, the entire body covered with copper-colored spots; her pulse quick, but feeble, her mouth and tongue dry, and the same tossing from side to side, and the occasional "O My!" I then gave her calomel, quinia, chlorate of potassa, syrup of iodide of iron, brandy and milk, broths, etc.; and as there was a peculiar hoarseness when she cried, I gave a mixture of syrup of squills, and verat. viride. Small pieces of ice, hot applications to the spine, frequent bathing of the whole body with warm soda water and whiskey, blister to the back of the neck. The syrup of iodide of iron I gave in full doses, and continued it regularly until the last day of her sickness; the other remedies were used as the case seemed to require. I mention them so that you can see that we resorted to all that have been recommended by the best authors on the subject; but with all, she died on the evening of the 9th, having been sick nine days, and under treatment eight days.

During her entire sickness she complained of great soreness of the whole body, crying out whenever she was taken up or moved. The head was

drawn back, requiring the pillow to be placed under the neck rather than the head. The eruption continued out all the time (even after death several hours), sometimes not so distinct as at others. On the night of the sixth day, so great was her distress, I gave her some opium in one of her powders of calomel, chlorate of potassa, and ipecac., after which she became quiet, and slept several hours; she afterward took two more of the same kind, but they did not seem to be any benefit to her. Such is the history of the first case.

In a few days after I was called to see a boy nine years old, of delicate constitution, in a house about one hundred yards from the residence of the first case. The symptoms were much the same as the first, and I feared the result several times. While reading the history and treatment of spotted fever in the REPORTER, I thought that strychnia and nitro-muriatic acid might be beneficial in such cases. I had confidence in them when I had the first case, but felt reluctant about trying the experiment, but here was another case in so short a time, and how many more would follow, were facts and questions that settled in my mind the propriety of giving them a trial, as I remembered too well my success with the other treatment. I immediately gave a powder of calomel, rhubarb, and ipecac., followed by the oil and turpentine, to open the bowels, and then used the following:

R. Strychniæ,	gr. j.	
Acid. nitro-muriat.,	f. ʒj.	
Aquæ,	f. ʒj.	M.

Ft. sol. S. Half a teaspoonful every five hours in sweetened water, with orange or lemon juice added, to cover the taste.

That was the only medicine I gave internally, with the exception of repeating the oil and turpentine to keep the bowels open when they required it, for two weeks, at which time the boy was able to go down stairs.

Externally, I used hot spirits of turpentine along the spine every few hours, blister to the back of the neck, and had him rubbed all over twice a day with one part spirits of turpentine, and two parts cod liver oil (*mixed*), sponging the whole body with warm soda water before each application; at the same time giving him broths, brandy and milk, etc.

This case had as serious symptoms in every respect as the first; the eruption was similar, the soreness and drawing of the head very much the same, and, in fact, the great restlessness and misery seemed more distressing for the first forty-eight hours, after which he gradually became more quiet.

On the third day he had quite a bleeding at the nose, and on the fourth vomited up a large amount of blood, his parents said. Still I continued the treatment, giving it only every six hours, at the suggestion of Dr. C. S. SIMPERS (who I had, on the third day of the case, called in consultation), and who, by the way, had seen and treated, at Camp Parole, Md., quite a number of cases, as he assured me, of the same kind, but not with the same remedies.

His convalescence was rapid, and without any drawback. Such is the history of the second case, and thank fortune, there have been none others to test it on since; if there had, I should have used the same remedy again and again.

In regard to other affections, such as chronic diarrhoea, summer complaint of children (with tinct. opii.), low stages of any of the fevers, dysentery, and finally, in that prostrate condition of the system from over-exertion and indigestion of long standing, it is most valuable. For a broken down doctor, too, I can bear testimony as to its efficacy, for I have been using it, in the proportion of one-sixteenth grain strychnia, and five drops nitro-muriatic acid, in water, three times daily, *at times*, for four months, and have been very much benefited.

PNEUMONITIS, COMPLICATED WITH PLEURISY

On both sides of the Chest, in a Child of Eighteen Months; rapid convalescence.

BY SAMUEL PAGE, M. D.,

Of Jackson, California.

April 12th. Saw the patient, with what we would term a cold or bronchial catarrh, attended with little or no fever. The prominent symptom was mucus roushus, mostly in right lung; an emetic gave exit to large quantities of mucus, followed by marked relief. Vesicular murmur was quite distinct throughout the lungs.

April 13th. Thought the child so much better that no medicine was ordered. No examination of chest was made; the gums were incised to insure no irritation from this source, some of the anterior bicuspidis having just appeared, and the gums much swollen over the rest.

April 14th. Was summoned to see the child, and found it quite feverish, with increased cough, and inspirations 50 to 60 per minute. Alterant and nauseant ordered.

April 15th. Found the child worse, emetic and nauseant doses of antim. tart. were administered.

April 16th. At midnight, found bronchial respiration in inferior lobe of right lung, also pleu-

ral friction at same site, and mucus roushus in other parts of the lung. Cough suppressed, the patient showed great anxiety, inspiration quickened, crying at prolonged intervals, attended with constant motion of right arm and leg; its decubitus not marked. After apparent exhaustion it would appear to rest for a few moments; pulse 140. Skin generally not above the natural standard of temperature through the course of the disease.

About noon of the 17th one leech was applied in the right infra scapular region, and bleeding encouraged for some three hours; child slept, and the skin was bathed in perspiration. Inspirations 40 to 50, and quiet breathing. The cough, from little or none, became quite persistent at intervals, proving effectual, as the child swallowed after coughing.

April 18th. Eleven o'clock at night the patient commenced moaning and whining, which was continued till five o'clock in the morning of the 19th, when it commenced crying, not a peevish cry, but screeching at the top of its voice, and continued for two hours throwing itself in all positions imaginable, head, arms, and legs, in continual motion, no position or place could be found to pacify it, countenance depicted the most intense suffering; eyes appeared fixed; objects were not noticed while in these paroxysms. Inspirations 60, short and intermittent, and pulse slightly so, with beats of 140 to 160 per minute.

In conjunction with Dr. MILLS, on examination of the chest, bronchial respiration was found in the anterior part of the left lung, and not the least rale in this part, but in posterior or scapular region, some mucous rale, during the time of three minutes, the time of auscultation, also pleural friction was detected; this was about 11 o'clock, A. M.; about 4 o'clock, P. M., three leeches were applied on the infra scapular region of left lung, and bleeding encouraged for two hours. The paroxysms of suffering, which had continued at intervals of fifteen to thirty minutes, were modified, and the child slept about one hour, but not soundly. One marked condition of our patient during the day was the extreme exaltation of the nervous system, the least step on the floor, jar of a door, or touch of the bed-clothes, or itself, would throw it into a paroxysm of suffering, and this condition lasted during the most of the 20th, before the bleeding ceased. The patient perspired, looked pale, and gaped several times, but still the pulse remained persistent, and the paroxysms of suffering increased again, and continued all night at regular intervals, and terminated only at times when the

child could cry no longer. Skin cool, fingernails and lips purple, frequent intermissions of respiration, so much so that the grandfather thought it was dead several times, and so told the parents, notwithstanding the assurance I gave him to the contrary. About 11 o'clock, P. M., effusion was detected in the left pleura, by succussion and bulging of the intercostal space, as witnessed by Dr. MILLS and myself. Six hours after we could not detect any water in the pleura; at this time the child was suffering so much the chest was enveloped with a mustard cataplasm, followed by immediate relief for about half an hour, but the pain returned again, and the mustard did not give so marked relief. Our patient at time of effusion, until about 8 o'clock of the morning of the 20th, was as the flickering light—a touch would extinguish—hardly an audible cry—feeble effort of limbs, cough almost entirely suppressed, urine stained linen yellow, and very scant for the last two days. As expectorant, fl. ext. of senega, wine of ipecac, and syrup squills, for the same length of time. For the 19th, s. s. nitre in 10 to 20 drop-doses every three hours, also DOVER's powder and calomel, from a fifth, increased to three grains of the former to one grain of the latter, every three hours; the larger dose was given twice with favorable results, as the delirious paroxysms were very much modified. At 8 o'clock, A. M., of the 20th, gave ol. ricini, f. 3ij., and fl. ext. mandrake, gtt., iij. At 4 o'clock, P. M., took the first sound sleep in its father's arms, to whom he would not go before. He lay upon his back, head hanging down, arms extended, one placed on a chair, and one held by myself; slept about two hours, bowels moved freely at 7 o'clock, P. M.; soon followed by second motion. Cough commenced about 10 o'clock, A. M., and grew more persistent at intervals, until it cleared its lungs in three or four days; the cough appeared to be his main trouble at this time, as he would cry at every paroxysm, before and after. On the 20th and 21st diuresis was established; the tongue commenced cleaning, and convalescence was inaugurated; no more medicine was given, except an injection on the 24th, and an aperient a short time after. On the 26th could walk about again, and had but a slight, hacking cough, and he was soon as well as ever.

The points of interest to me are the cerebral symptoms, pleurisy, intermittent pulse, and the general cool condition of the skin, so much so, that the question might arise, did pneumonitis exist? If we had not had marked dulness on percussion, and bronchial breathing, without the

least moist rale, when the examination was made on the 19th, at 11 o'clock, A. M., in anterior lateral portions of left lung, and so marked a stage of resolution by the quantity coughed up and swallowed, we might say no—otherwise as we have decided.

Parents healthy, over medium height, with a nervo-vital temperament. Lost two children with a similar disease, one at the age of ten months, and the other two and a half years. There remain one daughter, now aged twelve years, and the subject of our sketch.

Hospital Reports.

LONG ISLAND COLLEGE HOSPITAL, }
Session, 1866. }

CLINIC OF PROFESSOR E. N. CHAPMAN.

Reported by Alex. J. C. Skene, M. D., Clinical Assistant to the
Chair of Obstetrics.

Abnormal Labor requiring Forceps Delivery.

History and Treatment. Annie D., aged 23, a strong healthy woman, was admitted into the hospital, March 13th, in her first pregnancy. Premonitory pains took place on the evening of the 17th, and continued until after midnight, but there was no dilatation of the os uteri produced by them. It was now deemed advisable to give an anodyne to arrest the pains which, doing no good, were likely to exhaust the patient. It was also expected that, whilst rest gave renewed strength to the patient, the uterine neck would become more dilatable. Prescribed

R. Pulv. opii,	gr. iij.
Pulv. camph.,	gr. ss. M.

Ft. cht. No. j.

Sig. To be taken directly.

The patient soon went to sleep, and had no further trouble until the next night, when the pains returned and the os uteri began to dilate slowly. On the morning of the 19th, the bowels were moved freely by an enema, after which the pains became stronger. The progress then was favorable, and by eleven o'clock the os was fully dilated. The membranes, which had accomplished their work, were now ruptured.

The vertex presenting in the first position, and the expulsive force being good, the head soon settled down in the oblique diameter of the pelvis. Rotation was looked for every moment, and it was expected that the labor would soon terminate, but the head remained fixed, without making the slightest progress or change in its position, though the uterine contractions and bearing-down efforts of the mother were remarkably strong.

After waiting for some time, an examination was made with the view of discovering the cause of the delay. It was found that the spines of the ischii were preternaturally long and projected into the pelvic cavity to an abnormal extent, and that the frontal portion of the child's head could

not pass down between the promontory of the sacrum and the spine of the ischium on the right side. This spine impinging on the child's head, near the right temple, effectually prevented rotation. Otherwise the pelvis was ample.

Some further time was spent in waiting, with the hope that possibly the obstruction might be overcome by the efforts of nature, but no progress was made. The pains, which had been powerful, began to subside, and the patient became discouraged and exhausted.

At 7 o'clock on the 19th, the patient was placed under the influence of an anæsthetic, composed of three parts of ether and one of chloroform, and delivered by forceps.

Some difficulty was experienced in applying the right-hand blade of the forceps, owing to the head being pressed against the spine of the right ischium, but when the forceps was adjusted, the extraction was very easy. After delivery, there was observed on the right temple a wound in the integument and a depression in the bone corresponding in size and shape to the spine of the ischium. Nothing further of interest occurred in the case; the mother and child did well, and left the hospital on the 28th of March.

Commentary. This case illustrates a class of difficult labors often requiring instrumental assistance from a cause which, though not very uncommon, is not very fully treated of in works on obstetrics. When the head descends into the pelvis in the right or left anterior position, it occupies one of the oblique diameters until the head, settling down to the spine of the ischium, slides past it posteriorly into the hollow of the sacrum. At the same time the vertex glides down the anterior plane of the left side from the acetabulum to the pubic arch, at which time rotation is completed. Now it will be readily seen that if the spine of the ischium projects into the pelvic space to any great extent, or even as much as is normal in the male, the head will meet with an obstruction to its rotation, and consequently will be arrested. The diagnosis can generally be made without difficulty, from the fact that the labor, progressing favorably until this point is reached, then becomes completely arrested. The projecting spine, with the head pressing against it, can be observed by the touch. At all other points ample space is found between the child's head and the mother's bones.

It is not proper in such cases to use ergot, but rather to apply the forceps, by whose aid the labor can generally be readily completed.

Inertia of the Uterus. Instrumental Delivery.

History and Treatment. Amelia L., aged 28, in her first pregnancy, was admitted into the hospital May 7th. She was of delicate constitution. About the middle of the afternoon of May 24th, a slight show manifested itself, attended with erratic premonitory pains, which continued until midnight, when they became more uniform in character.

Towards 4 o'clock the following morning, the pains assumed a truly expulsive character, and the os uteri, which had been gradually relaxing, was fully dilated. The membranes ruptured spontaneously, and the pains continued to recur

regularly, but did not continue long at a time. The patient made the best use of her pains by bearing down and voluntary efforts.

The head of the child presented in the left occipito-anterior position, and was in normal proportion to the pelvis of the mother. It engaged in the superior strait, and very slowly made partial descent and rotation, but no further progress was made, though the pains continued. At 9 o'clock, the pains became weaker and of shorter duration, and the patient complained of exhaustion.

The most careful examination revealed no mechanical obstruction to the progress of the labor, yet there was not the slightest advancement. The walls of the uterus were very thin, as manifested by the angularities of the child being perceptible through the abdominal parietes, in the absence of the pains. Stimulants in small doses were given with the view of increasing the expulsive efforts, but without effect. The pains became less energetic, and by 11 o'clock, had almost entirely subsided. She continued restless and uneasy for about two hours, having only an occasional slight pain, resembling in character those of the first stage of labor. Having waited for that length of time, it was considered highly improbable that the labor would terminate normally, consequently, it was decided to deliver by forceps.

An anæsthetic, consisting of two-thirds of sulphuric ether and one of chloroform, was administered, and a careful examination made in order to confirm the diagnosis regarding the position. By carrying the finger high up along the side of the head, the ear could be plainly felt, which left no doubt that the child presented in the first position. The meconium came away in large quantities during the examination, as it had done since the os uteri was fully dilated, an occurrence not common in vertex cases.

The forceps were applied without trouble, and very little tractive force was required to terminate the delivery. Considerable hæmorrhage followed, owing to the uterus not contracting with much power. The placenta was removed by friction over the abdomen, when the flow ceased.

The mother and child both did well, and left the hospital at the end of three weeks.

Commentary. In this case nature was incompetent to complete the process of parturition, through inertia of the muscular walls of the uterus, and consequently assistance was necessary. This want of power on the part of the uterus may be due either to a want of nerve-power in the uterus, or imperfect muscular development. In each case the effect on the labor is the same, but in treating it we must make a distinction. In a case like this, where the walls of the uterus are very thin, as shown by the facility with which the child's knees and elbows are felt, there is evidently a want of muscular power.

This want of power is supplied by the forceps; whereas, when the uterus is well developed, but inactive, ergot will bring out its latent powers, and is indicated in those cases where we lack simple uterine force, and we are certain that the

labor can be completed in an hour. But ergot should not be used, however, simply because there is inertia of the uterus, until you are satisfied that it is sufficient to accomplish the delivery safely to the mother and child. In some cases there is difficulty in deciding which to use, ergot or the forceps, but, as a rule, the forceps is to be preferred whenever there is a doubt. Those who are adepts in the use of the forceps prefer them in all cases when delivery is practicable by their aid; whereas, those who are less skilled in their application are forced to use ergot. The accomplished obstetrician, having an equal command of both, will use the one which gives the best chance of success in each case as it comes under his care.

Difficult Labor.

History and Treatment. Bridget M., aged 20, a very strong, robust person, in her second pregnancy, was taken in labor early on the morning of the 22d of June. The case progressed rapidly and favorably, and by 9 o'clock the os was fully dilated. The head presented in the first position. The expulsive pains becoming strong, and being almost continuous, the head soon engaged fully in the oblique diameter, but made no further progress. The pains continued very strong until 12 o'clock, when they grew more feeble, and from the intense suffering, the patient became unmanageable.

She was placed partially under an anæsthetic for the purpose of easing her suffering, and to facilitate making a thorough examination to see if any obstruction to the labor existed, and, if necessary, to deliver her with the forceps. The head was found to impinge on the spine of the ischium, which was abnormally prominent. More profound anæsthesia was produced, and the peristaltic action of the uterus increasing, rotation rapidly took place, and the child was born in a few minutes.

The child had a mark on the right temple, produced by the pressure on the spine of the ischium. Nothing further of interest occurred in the case.

Commentary. The fact that this case was in labor for three hours without making the slightest appreciable progress, and then by a sudden change terminating in a few moments, shows that the head must have met some fixed obstruction, which, from the peculiar mark on the temple, doubtless was the spine of the ischium.

Ether, when given in labor, whilst it arrests the voluntary expulsive efforts, increases the peristaltic action of the uterus, and thereby facilitates the progress of labor in many cases. This case exemplifies this point; the stimulus given to the flagging action of the uterus was sufficient to overcome the obstruction which had successfully resisted the unaided efforts of nature.

Labor in a Case with Congenital Narrowing of the Vulva.

History and Treatment. Ellen C., aged 25, a robust woman in her first pregnancy, was brought to the hospital at 4 o'clock, A. M., July 1st. She had symptoms of labor, and, on examination, it was found that the os was dilated to the extent of

an inch in diameter. The introitus vulvæ was observed to be abnormally small, its longest diameter being, at most, only an inch. The nymphæ were rudimentary, and the labiæ majora, imperfectly developed, were united anteriorly and posteriorly by folds of integument that narrowed the genital fissure, and left but a small opening, having neither the size nor the shape of the normal vulva. Everything in other respects promised a favorable issue, and it was considered best to wait until the head distended the perineum before any interference was made. The case progressed normally, and about 1 o'clock, P. M., the head distended the perineum. All necessary preparations being made to enlarge, by incision, the vulva, time was allowed for the head to dilate and distend the perineum as much as was deemed safe.

It soon became apparent that the genital fissure was too small to admit a segment of the head sufficient to produce its dilatation. There was no tendency to laceration, or even stretching of either the anterior or posterior commissure, but, on the contrary, the head carried the whole perineum before it. At this stage the vulva measured no more than an inch and a half in its longest diameter.

A probe-pointed knife was introduced on the finger between the head and perineum, and an incision, two and a half inches long, made posteriorly, and a similar one anteriorly, about one inch in length in each direction. The delivery terminated with no further trouble. When the incisions healed, the perineum was found to measure one inch and a quarter, and the vulva presented a normal appearance, excepting that the labia minora were scarcely perceptible, and the labia majora were not prominent. Patient and child left the hospital July 13th.

Commentary. Cases like this are not common, yet several have been recorded. There is one in which the head was forced through a laceration in the perineum. It might be presumed that in such instances laceration of the posterior commissure would take place, and that nature would thus terminate the delivery without surgical interference, but when we consider that in such deformities the opening is high up near the pubes, where the pressure of the head is least powerful, and the vulva is so small that the head cannot wedge into it, we see plainly that there is very little tendency to spontaneous enlargement by laceration. In this case it appeared as if the soft parts of the pelvic outlet would be torn through before laceration would take place at the vulva. If such cases were left to themselves the result would be disastrous, but fortunately the treatment is simple and effectual.

In such cases we believe the best practice is to let the head distend the perineum fully before enlarging the vulvar orifice, because the length required at this time can be more accurately determined. The perineum should be carefully supported, and the progress of the head restrained if it tends to advance too rapidly. If this is neglected there is great danger that the perineum will be torn at the point of incision.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., Editor and Proprietor.

PHILADELPHIA, SEPTEMBER 8, 1866.

THE CHOLERA.

The past week has been marked by a decided subsidence of this disease in all parts of the country. It has prevailed with the greatest severity in some of the western cities, as Cincinnati, St. Louis, Chicago, and Memphis, but the reports have dwindled down to but a few cases daily, and scarcely any deaths. But very few cases are reported in New York and Brooklyn. The cities of Boston, Baltimore, and Washington have seemed to be remarkably exempt from the disease, and indeed south of Philadelphia we have only a few cases reported from Richmond and New Orleans to record—the other southern cities being almost entirely exempt from the disease.

In this city the epidemic did not attain much power. Our last report was to the week ending July 28th, the total number of deaths to that date being 33. The following has been the mortality since that time;—week ending

August 4th, ...	47
" 11th, ...	52
" 18th, ...	56
" 25th, ...	91
September 1st, ...	58

Of the whole number, 165, or 49.22 per cent., occurred in the wards supplied with water from the Kensington works. The deaths in that section of the city were as follows: Sixteenth Ward, 11; Seventeenth Ward, 31; Eighteenth Ward, 62; Nineteenth Ward, 46; Twenty-third Ward, 1; and Twenty-fifth Ward, 14.

The nativities of the deceased were: United States, 156; foreigners, 137; unknown, 42;—total, 335.

The sexes, etc., of the deceased were as follows:

Week ending	Male.	Female.	Adult.	Children
July 14,	1	2	3	—
" 21,	6	4	9	1
" 28,	7	11	16	2
Aug. 4,	28	19	38	9
" 11,	14	38	43	9
" 18,	31	25	51	5
" 25,	46	45	72	19
Sept. 1,	24	34	51	7
—	—	—	—	—
157	178	283	52	

Notes and Comments.

"How Shall I Treat Chorea?"

In reply to this question, asked by a correspondent, (REPORTER, p. 179, Aug. 25th,) Dr. IRA DAY, of Mechanicsburg, Pa., writes: "After preparing the system properly, give FOWLER's solution of arsenic, from five to ten drops three times a day, till the constitutional effect is manifested; then desist for a few days. Repeat *pro re nata*, and you will cure nine out of every ten cases."

Dr. FLINT L. KEYES, of Jerseyville, Canada West, advises a mercurial purge, followed by quinia and aloetic laxatives, a plain nutritious diet, giving due attention, in young girls, to the condition of the menstrual function.

Dr. E. A. OPPELT, of Tuscarawas, Ohio, writes: "I cured two cases of chorea with *cimicifuga*, after trying various other remedies unsuccessfully. The one was a single lady of seventeen, and the other a girl of twelve. Both were of a rheumatic diathesis. The elder had diphtheria at the time she took chorea; the younger had had the diphtheria some three weeks before.

"I obtained some fresh roots of *cimicifuga*, and bruised them well and put them into a vessel, and put twice as much water on it as I had of the roots, and boiled down one-half. I then added one-fourth as much of alcohol, (after straining,) and sweetened it well with sugar, and administered from half to a tablespoonful every six hours, and in about two weeks my patients began to improve. In six weeks they were entirely well, and have never had any symptom of the disease since.

"Amongst the remedies that I tried in the younger of my patients, was HALL's solution of strychnia, which aggravated the disease very much, and, I believe, would have proved fatal with the ordinary dose, had I continued with it.

"I took the above way of preparing the medicine, because I had none of the tincture on hand, and did not wish to wait until I could get some, as I lived twelve miles from a drug store then. Let your correspondent put aside all other remedies, give the above treatment a trial for six weeks, and report if he is unsuccessful with it."

ERRATA.—In Dr. BANNING's article in the REPORTER for Aug. 25th, p. 172, second column, 6th line from bottom, for collapsed read prolapsed. P. 173, second column, last line of first paragraph, for abdominal read uterine. P. 174, first column, line 12 from bottom, for intensens read relaxes. P. 175, first column, lines 18 and 19 from top, for primaria read primæ viæ.

Diphtheria.

Dr. C. V. MOORE, of Stillwater, N. J., writes as follows:

"I have recently had two severe cases of diphtheria. In one the disease had invaded the larynx, causing loss of voice, croupy cough, and paroxysmal attacks of suffocation and respiration. Both cases were promptly relieved, and cured simply by the internal administration of small and oft-repeated doses of permanganate of potassa, and the inhalation of vapor of slacking lime. The relief from the inhalation was very marked, and the result was gratifying, both to the little sufferer, the friends, and most assuredly to the attending physician. These two cases were sporadic. Perhaps, if the disease should prevail as an epidemic, the results would not be as satisfactory. The only external application that I am satisfied with is the camphor poultice, which gives comfort to the little patient when there is much external swelling. The poultice is prepared by taking a tablespoonful of wheat flour, a little sweet milk, 20 grs. salæratum, and sufficient spirits of camphor to make it the consistence of thick paste.

"In the treatment of the disease I avoid all depressing agents, and give freely milk and beef tea."

Books and Pamphlets Received.

On Spermatorrhœa: Its Causes, Symptoms, Pathology, Prognosis, Diagnosis, and Treatment. By ROBERTS BARTHOLOW, etc. etc. From Wm. Wood & Co., New York.

On Asiatic Cholera. By JOHN C. PETERS, M. D. From D. VAN NOSTRAND, New York.

Epidemic Cholera: Its Pathology and Treatment. By A. B. PALMER, M. D. Reprinted from the *Detroit Review of Medicine and Pharmacy*. From the Author.

Memorial Address. DAVID S. CONANT, M. D. Delivered to the Graduating Class in the Medical Department, University of Vermont. By A. B. CROSBY, A. M., M. D. From the Author.

Whisky and Tobacco: Their Effects upon Soldiers and others. By PAUL F. EVE, M. D., Professor of Surgery in the University of Nashville. From the Author.

Annual Report by the City Registrar of the Births, Marriages, and Deaths in the City of Boston. N. A. APPOLONIO.

Transactions of the Medical Society of New Jersey for 1866. *Centennial meeting.*

Transactions of the Vermont Medical Society for the year 1865.

Correspondence.

FOREIGN.

The Kommune Hospital, Copenhagen.

COPENHAGEN, DENMARK, July 31st, 1866.

EDITOR MEDICAL AND SURGICAL REPORTER:

I visited yesterday the Kommune Hospital, for two thousand patients, in Copenhagen. It is situated on Osterbro street, at one extremity of the Hospital Kod. I was unable to speak Danish, but by direction of Surgeon BERG, of the Frederick Hospital, and the assistance of an interpreter in the person of a clerk of the American Consul, I was enabled to see many things of interest. Kommune Hospital is new, and is one of the finest hospitals in Europe: It is situated in the suburbs northwest of the city, and is reached by a road through extensive public pleasure gardens. On first sight, it appears like a large country hotel in the midst of a well kept park of five hundred acres. It consists of a main building with two wings, also a variola hospital, a fever hospital, a large building for the steam-engine, a laundry, bath-house, kitchen, and surgeon's house. The medical inspector kindly directed Mr. KORNRIEP, one of the resident surgeons, to show me about the building.

The plan carried out is that of dividing each of the three stories into rooms sixty feet square and fifteen feet high, each room containing twelve patients. Floors covered with shellac; no matting; white walls. The bedsteads are of iron, arranged so as to be changed into a fracture-bed, by lowering head and foot pieces. The beds are well made, thick hair mattresses, sheets, white coverlids or blankets, and good pillows.

The ventilation of the rooms and halls appears to be on a complete plan, it being effected by means of fans driven by the steam-engine in the rear of the hospital proper. The air is forced through pipes into the reservoir situated in every hall, and from the reservoir the air is carried through flues to registers situated in the top of the four walls of the room. At intervals of a yard, in the base boards of the room, are openings of parallelogram shape, for the purpose of allowing the foul air to pass out. My informant states the system of ventilation works admirably.

Over the main entrance is the dome containing the chapel. In this main part is a dumb-waiter, fifteen feet long by ten feet wide, elevated and lowered by machinery. A carriage, containing the sick or injured man, is driven up to the side of the dumb-waiter, the man or woman is ex-

amined, cleansed, and dressed in the reception rooms adjoining, placed on his bed on the dumb-waiter, the lever is moved, and patient and attendants go up together. Upon the second and third floors are three-wheeled vehicles, fitted to receive the patient and his bed, the vehicle is then propelled by hand into the room assigned for the patient. The floors are evenly smoothly laid with narrow deal planks; the doors to the rooms have no sills; thus all jolting of the patient is avoided, while the noise and confusion that too often attends the transfer of a sick person to a hospital ward, is rendered unnecessary.

Adjoining every ward is a small but well furnished room for the ward-master. One window in the side of the room allows the ward-master to observe the patients. In this room is kept the medicine prescribed during the morning visit of the medical officer. The nurses employed, in both the female and male wards, are nearly all female nurses, middle-aged. The female nurses appear to perform their, at times necessarily unpleasant duties, with great efficiency.

Approaching the culinary department in an adjoining building to the north wing, I noticed a three-wheeled vehicle being loaded with dinner for the patients. This drosketaxt, as it is called, is a hand-wagon, five feet long, two and a half feet wide, and four feet high, fitted with four shelves and three wheels, all made of iron. Upon the shelves were eight three-quart bowls of beef-soup, twelve earthen plates of roast beef, potatoes, and onions, twelve plates of fresh fish, and twelve cups of custard. As soon as each wagon was loaded, it was wheeled along the hall of the lower floor and into the wards, or hoisted by the dumb-waiter into the second and third floors.

The kitchen is large and airy; a flood of light is thrown into it by numerous windows in the roof and the sides of the building; it is an easy matter to keep it scrupulously clean, not a dark corner exists, for the convenience of an indolent cook. Two copper kettles, capacity forty gallons each, are for coffee and tea; four copper kettles, of same capacity, are for soups; four tanks, of iron, are for cooking the meats and vegetables. All the cooking is done by steam. The diet for every patient for the day is written down on printed forms in a journal three feet square and eight inches thick, and is always referred to in the kitchen at the time of serving out the meals. The pantry and preparatory room for dressing the food adjoins the kitchen. An abundant supply of hot and cold water is here observable, as indeed it is in all parts of Kommune Hospital. The general bath-rooms

are in a separate building, all are fitted with the douche of hot and cold water, the hip-bath, and foot-bath. The basement of the north wing contains the alkaline bath, mercurial bath, electric bath, vapor bath, warm-air bath, medicated bath, and sulphur bath.

I regret to notice that the old style of washing by hand-labor is still carried out in this Hospital. Large zinc vats cemented in bricks are used by the washerwomen. The wringing is performed by placing the clothes in an iron tub perforated like a sieve, and placed on a pivot; a belt connected with the steam-engine causes the sieve to whirl rapidly, the moisture exudes by centrifugal force. The ironing is accomplished by a mangle moved by machinery, it is similar to the mangles used in hotels. The drying-room is heated by steam to 98° centigrade. An ample supply of attendants was observable in all parts of the building. No expense has been spared to fit up this Hospital with all the appurtenances for the treatment of disease. It certainly is a great credit to the liberality and humanity of the Danes. It was built in 1859-61, and is well worth a visit by every medical man.

J. B. SCHOFIELD.

DOMESTIC.

Belladonna an Antidote for Opium.

EDITOR MEDICAL AND SURGICAL REPORTER:

Wishing to add my testimony of the antidotal properties of belladonna in opium-poisoning, I send you the following, which occurred in my practice.

July 21st, 1866. I was hastily summoned to see E. H.; messenger said he had taken poison. I arrived at 11.30, P. M. Found patient a man of nervo-bilious habits, æt. 30 years. Had taken three ounces of tr. opium at 8 o'clock. This he stated in a letter found on his table, and further substantiated by two two-ounce vials, which were found in his boots. One was empty, the other was half full of laudanum.

The drug showed its full effect, having been taken three hours and a half previously. The friends had discovered his condition an hour after he took the poison, and had tried to produce emesis with mustard and warm water, until they had given a pint, also by tickling his fauces with an oiled feather, but to no purpose. I found the patient covered with a cold clammy sweat; extremities cold; pulse 110, and intermittent; respiration seven, and stertorous; pupils mere points; nose pinched like a cadaver, and could not inspire through it. Had had

spasms of the muscles before I arrived. All efforts to arouse by shaking and flagellation proved useless.

With great difficulty I administered twenty grains of sulphate of zinc, but with no perceptible effect. I then gave twenty drops of TILDEN's fluid extract of belladonna (which I knew to be a reliable preparation) every ten minutes, until three doses were given, when his pupils began to dilate. In twenty minutes from the time he took the last dose, they attained their normal size.

As soon as the pupils began to dilate, consciousness began to return, and when they were fully dilated, the patient could be aroused, and would answer to his name when loudly called.

22d, 1 o'clock, A. M. Pulse 106, and regular; respiration seven; pupils twice their normal size. Could be aroused by severe flagellation and loudly calling his name.

He remained in this condition until three o'clock, when it became more difficult to arouse him. I again gave ten drops of the belladonna every ten minutes until he had taken forty drops, with but little or no change, except the further dilating of his pupils. At 4 o'clock, patient could not be aroused as before, or with a battery, which I now applied and used faithfully for an hour. At 7 o'clock, patient showed signs of improvement, and at 10 o'clock, could sit up in bed, and called for water. I ordered gruel to be given during the day, and a cathartic at night.

23d, 10 o'clock, A. M. Found patient sitting up, and perfectly rational, with slight gastric irritation and feeling of dulness, and some soreness, the effects of flagellation received from our hands in trying to keep him aroused. I am sure the belladonna saved this man's life.

H. J. HORTON, M. D.

Berlin, N. Y., Aug. 1866.

History of a Case of Cholera.

EDITOR MEDICAL AND SURGICAL REPORTER:

In looking into the Fourteenth Volume of the REPORTER, page 355, I see an account of a case of Asiatic cholera that occurred in the village of Topsham, Maine, in February, 1832. The facts are these: A sailor arrived at his home in Topsham, from Europe, having had cholera in Bremen, where, as well as on the continent, the disease was very prevalent. After coming on board ship he trailed his clothes for several days, when they were dried, and deposited in his chest among some trinkets for a little sister. She unpacked them the evening of his arrival. About two o'clock the following morning the little girl was

taken violently sick, and Prof. McKEEN was called, and seeing some symptoms unusual, asked Professors MUSSEY and DE LAMATER to call in. They were unanimous in the opinion that it was a case of Asiatic cholera. There had been at that time no cases of Asiatic cholera in the country.

I. MORRELL, M. D.

Fulton, N. Y., August 21, 1866.

On the Use of Chloroform in Delirium Tremens.

EDITOR OF MEDICAL AND SURGICAL REPORTER:

Was called on the morning of the 14th inst., to see J. W. H., æt. 32, suffering from delirium tremens. Being in good circumstances, and a free liver, he had been drinking freely during the past week. On inquiry I found that during the past four days he had been able to procure but little sleep, and was in an extremely excitable condition. As the secretions were diminished, I hesitated giving opium, and placed him upon tincture of lupulin, giving two drachms every hour, enjoining perfect quiet in a dark room. This was given during the entire day, and with little effect. He was now extremely excitable, restless, and raving.

At this juncture I began the use, internally, of chloroform, as suggested by Dr. McCLELLAN in a late number of the REPORTER. One drachm (f.3j.) was given every twenty minutes for four doses. The second he vomited; the others were retained. He was now quiet, though not sleeping. At the expiration of three quarters of an hour I gave him three drachms (f.3iij.) in a little ice-water, which he retained, and was shortly after in a gentle slumber, lasting an hour and a half, when he awoke, turned over, and slept seven hours, awaking quiet, composed, and having no recollection of the events of the past day.

A full dose of calomel was given, followed by oil, and restricting him to gentle diet,—he was soon able to resume his daily avocation.

ALVIN SATTERTHWAITE, M. D.

Mariner's Harbor, Staten Island,
New York, August 26th, 1866.

— KIDNAPPING SURGEONS. The Austrians, we are told by the *British Medical Journal*, try to kidnap Prussian surgeons. Thus, Dr. FRIEDLÄNDER, of Breslau, was carried off by them from the field of Oswiecim, when actually attending a wounded Austrian. Great efforts have been made to obtain his liberation, but all in vain. The Prussian military authorities offered to give Count LIPPE, an Austrian officer, in exchange for Dr. FRIEDLÄNDER. The offer was rejected. Dr. ZUCKER has also been carried off under similar circumstances by the Austrians, with a grievous wound inflicted upon him in the neck by those who captured him.

News and Miscellany.

Alcohol.

The Paris correspondent of *The London Star* says:

"A mighty statistician, Dr. JOLLY, has just declared war against alcohol. Last year he waged a fierce combat against tobacco, but now he attacks drinkers. He does not use measured terms in his denunciations against those who use spirituous liquors, as you will remark by the following extract from the report he has just sent up to the Academy of Medicine: 'In every country the statistics of the amount of alcohol imbibed precisely correspond with the number of judicial sentences recorded in law reports of the year, as well as with the number of poor, of beggars, of vagabonds, of divorced husbands and wives, of idiot rickety children, of suicides, murders, and of epileptics and lunatics inscribed on State registers.' Whether this be correct or not, I am not prepared to say; but it is a positive fact that the consumption of spirituous liquors in France is making rapid progress. In 1788 the amount of alcohol sold did not exceed 200,000 hectolitres during the course of the year. In 1840, 1,000,000, and in 1863, 3,000,000 hectolitres were consumed. (An hectolitre is 22 gallons.) In 1840, eight litres of brandy was drank per inhabitant within the barriers of this city; 30 litres is now the average consumption per head. According to Dr. JOLLY, 300,000 Parisians daily indulge in their *petit verre*. (A litre is equivalent to an English pint and three-quarters.)"

Pension Examining Surgeons.

New York—Dr. JEREMIAH DUNN, Lodi.

Kentucky—Dr. CHARLES DUERSON, Mt. Sterling.

Iowa—Drs. WM. R. SMITH, Sioux City; WM. E. GIBBON, Mariton.

— Long before the temperance reform, a missionary from the West Indies sought medical advice from Dr. RUSH, and when a very unpalatable medicine was prescribed, the patient asked if he could not take a little "good old Jamaica" with it? "No, sir," the Doctor decidedly replied. "Why, sir, what harm will it do?" demanded the West Indian. "What harm will it do?" continued Dr. RUSH. "I am determined no man shall rise on the day of judgment and say Dr. RUSH made me a drunkard." Wise and noble reply!

— DR. NATHAN HAYWARD, of Boston, died in St. Louis on the 24th ult., of cholera. He was Surgeon of the 20th Massachusetts Regiment. After one terrible battle he operated for thirty-six hours. The strain on his energies turned his hair suddenly white.

— ARTIFICIAL LIMBS. The medical department of the army, up to May 11th, 1866, had furnished to disabled soldiers the following artificial limbs: arms, 2134; legs, 3784; hands 144; feet, 9; other apparatus, 104; at a total cost of \$357,728.

— Cholera having appeared at Aurora, Indiana, an investigation showed that the three cases that had occurred up to the 18th of August, all originated from contact with patients from other localities, and all had premonitory diarrhoea.

— The regular course of instruction in the Medical Department of the University of Nashville will begin on the first Monday of November next. The preliminary course begins on the 1st of October. This College has recently obtained the services of Prof. JOSEPH JONES, M. D., of Augusta, Ga., as Professor of Pathology. This is as great an acquisition to the Nashville school, as it is a loss to the one at Augusta.

— We have received the Annual Circular of the National Medical College at Washington, D. C., which begins its 45th annual session on the 15th of October next. It has a very full and able corps of Professors.

Army and Navy News.

ARMY.

PROMOTIONS.—The *Army and Navy Journal* contains a long list—too long for us to copy—of confirmations by the U. S. Senate, of brevet promotions of Surgeons and Assistant Surgeons of the Army, to be Captains, and Majors. All the promotions are "for faithful and meritorious services during the war," and all date from March 13th, 1865.

ASSIGNED.—Brevet Brigadier-General John M. Cuyler, U. S. Army, to duty as Medical Director, Department of the East.

Brevet Colonel William J. Sloan, Surgeon U. S. Army, to duty as Chief Medical Officer at New York City.

Brevet Colonel Thomas A. McParlin, Surgeon U. S. Army, to duty as Medical Director, Department of the Gulf.

Brevet Lieutenant-Colonel B. J. D. Irwin, Surgeon U. S. Army, relieved from duty at Fort Riley, Kansas, and assigned to duty as Post Surgeon at Fort Leavenworth, Kansas.

NAVY.

List of changes, etc., in the Medical Corps of the U. S. Navy, for the week ending September 1st, 1866.

Surgeon R. T. Maccoun, detached from the U. S. Ship Chattanooga, and placed on waiting orders.

Surgeon R. C. Dean, ordered to report on the 17th September, for duty on board the U. S. Ship Sacramento, at Boston.

Surgeon William Grier, ordered to report on the 5th September, at Hartford, Conn., for duty as member of the Board, of which Commodore S. P. Lee is President.

Surgeon George Peek reports his return to the Atlantic States, from U. S. Ship Vanderbilt, Pacific Squadron.

Passed Assistant Surgeon H. P. Babcock, ordered to report on the 17th September, for duty on board the U. S. Ship Sacramento, at Boston.

Assistant Surgeon H. N. Beaumont, detached from the U. S. Ship Chattanooga, and placed on waiting orders.

Assistant Surgeon J. Wesley Boyden died on board the U. S. Ship Muscota, of yellow fever, August 17th, 1866.

MARRIED.

HORN—BAKER.—In this city, August 30th, by the Rev. Joseph T. Cooper, James H. Horn, of Springfield, Montgomery county, Pa., and Mary, only daughter of C. S. Baker, M. D., of Philadelphia.

KNIGHT—CORNELL.—August 29, in this city, by the Rev. W. M. Rice, D. D., John Knight, M. D., of Fox Chase, 23d Ward, Philadelphia, and Miss Louisa Cornell, youngest daughter of James C. Cornell, Esq., of Northampton, Bucks county, Pa.

PUTNAM—GLENN.—In Knoxville, Tenn., August 23d, Dr. A. C. Putnam and Miss Hattie, daughter of John Glenn, Esq., all of Knoxville.

DIED.

ALMY.—In St. Paul, Minnesota, August 22, of chronic inflammation of the stomach, Miss Maria Almy, daughter of Dr. S. O. Almy, of Cincinnati.

LEON.—On Sunday, September 2d, at Long Branch, N. J., Alexia Leon, M. D., of New York City.

McKNIGHT.—August 22d, in Chester county, Pennsylvania, Dr. Joseph G. McKnight, at the residence of his father, James McKnight, aged 25 years.

REID.—In Conshohocken, Pa., August 30, David J. Reid, infant son of Dr. J. K. and Nerina M. Reid.

ANSWERS TO CORRESPONDENTS.

Dr. S. A. B., Lucas, Ohio.—Surgeons of New York, sent by mail, August 23d.

Dr. O. P. S., Frostburg, Md.—Forceps sent by express, August 30.

Dr. J. L. P., Philadelphia.—Jones and Sieveking's Pathology, and Bennett's Practice of Medicine, sent August 27th.

Dr. G. G. L., Jerseyville, Ill.—A microscope, Beale on the Microscope, Barker's Nitrous Oxide, sent by express, 1st inst. A wired skeleton will cost \$45.

METEOROLOGY.

August,	20,	21,	22,	23,	24,	25,	26.
Wind.....	W.	S. W.	W.	N. E.	N. W.	N. W.	N. W.
Weather.....	Clear.	Clear.	Clear.	CPdy.	Clear.	Clear.	Clear.
		Shw'r.		Rain.			
Depth Rain.....		2-10		6-10			
<i>Thermometer.</i>							
Minimum.....	60°	54°	58°	60°	49°	48°	51°
At 8 A. M.....	68	64	67	64	59	60	60
At 12 M.....	71	77	77	58	68	71	70
At 3 P. M.....	71	79	79	58	65	70	70
Mean.....	67.50	66.	70.25	60.	60.25	62.25	62.75
<i>Barometer.</i>							
At 12 M.....	29.9	30.	29.9	29.9	30.	30.1	30.1

Germanstown, Pa.

B. J. LEEDOM.

SUMMER SCHOOL

OF

MEDICINE.

No. 920 Chestnut Street, Philadelphia.

ROBERT BOLLING, M. D., JAS. H. HUTCHINSON, M. D., H. LENOX HODGE, M. D.

EDWARD A. SMITH, M. D., D. MURRAY CHESTON, M. D.,

HORACE WILLIAMS, M. D.

The Summer School of Medicine will begin its second term on March 1st, 1866, and students may enjoy its privileges without cessation until October.

The regular Course of *Examinations and Lectures* will be given during April, May, June, and September, upon

ANATOMY,

SURGERY,

CHEMISTRY,

PHYSIOLOGY,

OBSTETRICS,

MATERIA MEDICA,

PRACTICE OF MEDICINE.

The subjects will be studied by the aid of Specimens, Manikins, Demonstrations, and Clinical Examinations of Patients.

Students will be given access to the Pennsylvania, Episcopal and Children's Hospitals. The employment of the Microscope, and the microscopic appearance of the tissues and fluids in health and disease, with the chemical tests and reactions, will also be taught.

FEE, \$50.

SURGERY.

A Course of Lectures on *SURGICAL DIAGNOSIS* will be delivered by Dr. H. LENOX HODGE, during April, May, June, and September, at the Summer School of Medicine, No. 920 Chestnut Street, Philadelphia.

The history, causes, symptoms, and pathology of Surgical Diseases and Injuries will be carefully studied, and the means of recognizing and treating such disorders distinctly taught.

Instruction will be given in the use of the Microscope, Ophthalmoscope, Oscope, Laryngoscope, Endoscope, and other specula; in Percussion and Auscultation, and other means now employed for physical examination.

FEE, \$10.

PHILADELPHIA SCHOOL OF ANATOMY.

College Avenue, East from Tenth St.

The Dissecting Room in this Institution, will open on September 1st, 1866. Lectures will be given during September.

The Regular Winter Course of Lectures on Special, Practical and Surgical Anatomy will begin on the 10th of October, 1866, and continue until March 1st, 1867.

Three Lectures and two examinations will be given each week, at 7 o'clock, P. M.

Fee for the Course, the same as that for Dissections and Lectures thereon in the Colleges.

R. STANSBURY SUTTON, M. D., Lecturer.

Office, 314 South 10th Street.

Janitor, JOHN CAMPBELL.

492—3m.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, and in Practical Obstetrics. They will be enabled to examine persons with diseases of the Heart and Lungs, and to attend women in confinement. The class rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text books, etc., will be constantly open for study.

The Winter Course of Examinations will begin with the Lectures at the University of Pennsylvania in October, and will continue till the close of the session.

Fee for Office Students (one year), \$100.

Fee for one Course of Examinations, \$30.

Class Rooms, No. 920 Chestnut St., Philadelphia.

Apply to

H. LENOX HODGE, M. D.,

479—530

N. W. corner Ninth and Walnut Streets.

THE MEDICAL AND SURGICAL REPORTER.

No. 498.]

PHILADELPHIA, SEPTEMBER 15, 1866. [Vol. XV.—No. 11.]

ORIGINAL DEPARTMENT.

Communications.

SCIRRHUS OF DUODENUM, PYLORUS, AND HEAD OF PANCREAS.

By E. ALLEN WOOD, M. D.,

Of McKeesport, Pa.

The history of the following case is remarkable. The unnatural phenomena detailed are well calculated to create doubts of their genuineness. The author would not have ventured to publish it, were it not for the daily notes left of the case, and from which the following is taken; and more especially since he has the concurrence of Dr. WM. B. LANK, a highly respectable physician, who daily watched with him the progress and termination of the case, and who, with Drs. DONALDSON and MILLER, saw the structural change at the post mortem examination.

Mr. John S., aged 53, farmer; hard worker and very great eater. Has had dyspepsia for many years, and has been subject to severe attacks of bilious colic. Bowels have been very torpid for a long time, more especially for the last three years have they been obstinately constipated. Five months ago, had one of his attacks of colic, which was more than usually severe. Ever since that time he has been troubled with pain in right hypochondrium, and cannot lie with comfort on his right side. For five months, has had no full and free evacuation from his bowels, and his health has been rapidly failing during that time. He has a sallow skin, and a look of distress or decay, which evinces that some grave disease is gnawing like a canker at his vitals.

He had been treated by an old and skilful physician for a long time, but without improvement. He slowly but surely grew worse day by day.

I first saw him professionally June 14th, 1862. His condition and history impressed me with the belief that his whole trouble was gastritis. I urged upon him the importance of a firm and

persevering temperance in his diet, habits, etc. Gave him a pill of rhubarb, aloes, and castile soap, *donec alvus soluta fuerit*. For irritability of stomach, he got in pill one-fourth grain nitrate of silver one hour before meals.

Did not see him until June 27th. Nitrate of silver had no sensible effect. He had taken ten of the co. rhubarb pills—two at a dose and three times a day—also six tablespoonfuls of castor oil, all of which had produced one scanty stool of hardened fecal lumps. Save that one small motion, there has not been, nor is not now any inclination to evacuate the bowels. His abdomen is prominent, full, and hard. Tongue is covered with a thick coating of dirty foul-looking slime. He is weak, which is as much indicated by his pulse as by his feelings. Not much thirst, no appetite. Prescribed enematas of castor oil and turpentine in starch water, to be repeated every four hours until bowels are freely moved.

June 30th. A few scanty stools have been produced. Complained of a cutting pain in pit of stomach. Applied a small blister over epigastrium. Continued the enematas.

July 2d. Symptoms becoming worse. Much gastric distress; vomited freely. Among the matter ejected by emesis, were pieces of onions, of which vegetable, he and his wife declared, he had not eaten for *more than two months*. After the first two or three paroxysms of vomiting, the matter was stercoraceous. On careful examination, I now discovered a tumor, firm, well defined, about four inches long, and one and a half broad, and situated vertically at the right side of, and about two inches from the umbilicus. It appeared to be situated within the abdominal cavity, was tender on pressure, and the patient never before knew that it existed. Bowels still obstinately costive. Continued injections.

6th. Vomiting of stercoraceous matter still continues. Bowels have been opened pretty freely since my last visit. Complains of much distress in stomach. This distress is a little peculiar. He says that he has the painful impression of the contents of the bowels passing into the stomach, which, when it distends that organ, is finally got rid of by vomiting. After this

emptying process, the patient has a short interval of comparative ease. There was no account taken of the quantity thus ejected, but I know that it was an almost incredible amount. It indeed seemed, by the amount of fecal matter that came away by mouth and anum, that he had the accumulated ingesta of months to be thus got rid of. No appetite, very little thirst. Tongue loaded with slimy, rotten-looking coat. Very weak. I believed that there must be mechanical obstruction of the bowels. This opinion was coincided with by my friend and neighbor, Dr. LANK, who from this date attended the case with me. However, we could not determine the nature nor seat of the obstruction. We applied a blister over the tumor.

8th. Much worse. Vomiting of fecal matter still continues. Debility extreme. No sleep, no appetite, great pain in the stomach. Gave him sulphate of morphia, grain one-fourth every two hours until pain abates.

10th. Much better. Tongue cleaning, pulse fuller, distress in stomach not so great, obtained some sound sleep, has some appetite.

12th. Not so well; skin very yellow. Bowels not moved for several days. Gave him calomel, grains two, three times a day.

13th. Bowels moved very freely. Better.

15th. Bowels still freely moved. The last two stools contain *very much green bile*. Remarkable improvement. What becomes of the *mechanical obstruction* now? He passes bile "fresh and green" from the liver, and that clearly proves an uninterrupted passage, at least from the duodenum downward. Has not vomited for five days.

16th. Passed a sleepless, painful night. Took a powder of morphia, which quieted him. Felt more comfortable in the evening. Much tenderness over the stomach, where he refers most of of his pain. Applied a large blister over this organ, and directed it to be made very sore.

21st. Messenger came after me early. Found the patient suffering with severe cramp of stomach, or as he termed it, "boking." Gave him an emetic. He threw up a large quantity of water, mucus, and fecal matter, greatly to his relief. Ordered calomel five grains at night, and injections in the morning. Also gave tincture chloride of iron, twenty drops three times a day.

23d. Pulse 104. Countenance has a suffering anxious look. "Boking" still continues, and is extremely painful until relieved by emesis. Great quantities of mucus discharges per anum. Profuse vomiting of dirty soily-looking fluid, which, on standing, separates into a ground-like

sediment, with clear supernatant fluid. Tongue moist and little coated. Continue calomel and injections, with morphia, *ad libitum*.

24th. Great prostration, voice weak, tongue covered with foul-looking coating. Vomits freely. Some thirst. Bowels moved. The last alvine dejections are very peculiar indeed. They consist of kidney-shaped bodies, varying in size from a common bean to a fig. They all appear to have a small pedicle or stalk. They are a bright straw color. Have much the texture and appearance of bits of fine sponge. They float lightly on water, are easily mashed between the finger and thumb into a pasty pulp, losing their spongy character. The whole amount would measure two pints. It is also proper to state that the tumor above-mentioned has shrunk wonderfully in size, although it was unreduced on the 21st. Gave him morphia every three hours. Discontinued the tincture of iron.

25th. More comfortable. Rested tolerably well last night. This morning passed a full and not remarkable stool. Vomited in his usual style in the forenoon, and during his last effort—while I looked on—he vomited *oil* with the matter. He had not taken oil by mouth since June 20th—more than a month ago—and he had vomited scores of times since then, yet he vomits oil! He has had several enemas of castor oil—the last two days ago—yet here he ejects oil by mouth! Pulse 98.

26th. Passed a very large natural-looking stool without enema. Vomits profusely stercoraceous matter. Says he feels empty and miserable. Gave him sixty drops of laudanum in starch water, by injection. Was greatly relieved in the evening.

27th. Pulse small and rapid. Stercoraceous vomiting still continues. Gave him nitrate of silver, grain one-fourth every six hours, morphia as needed for the pain, and suppositories containing each ten grains of aloes.

28th. Sinking gradually. Suffering extreme. Vomits blood, which is intimately incorporated with mucus. Abdomen now appears flat and empty. Thirst not remarkable. Gave him laudanum injections every six hours.

29th. Vomiting of blood, mucus, and water. The blood is intimately blended with the mucus and water, imparting to it a pale-red color.

July 31st. He died, suffering and vomiting to the last.

Autopsy thirty hours after death. Present Drs. D. DONALDSON and Wm. M. MILLER.

The stomach contained a small quantity of bloody mucus, and also three almost worn-out

cherry seeds. The family assured us that he had not eaten cherries since the second week in June.

The walls of the stomach were thinner than natural, and the epithelial coat was wanting. Further than this, there was no remarkable appearance of the organ, except at the pylorus, which, with the duodenum and head of pancreas, was involved in the condition generally styled scirrhus. The parts were thickened, indurated, and gave the sensation of cartilage under the knife. The duodenum appeared to have the greatest structural change, as if the disease had its primary seat there, and had gradually encroached upon the adjacent parts. The serous coating of the gall-bladder, with all the parts of organs near it—the duodenum, colon, and serous covering of the liver were stained the color of bile, as if that secretion had permeated the walls of the gall-bladder, and spread to the neighboring tissues. The internal surface of the duodenum had a very unique appearance. The surface was covered with shallow indentations, and impressed us with the belief that the “kidney-shaped” bodies, mentioned above, had been here attached, and developed by their pedicles.

No other evidence of disease or obstruction in any other part of the intestinal canal. All other organs healthy.

CONCERNING THE MEDICAL PROPERTIES OF SANTONINE.

By R. E. VAN GIESON, M. D.,

Of Green Point, N. Y.

In the REPORTER of August 18th, Dr. McELROY, after making a very excellent abstract of our present scanty knowledge of the application and action of this remedy, asks for further contributions which shall add to our common stock of knowledge in regard to this interesting yet mysterious agent.

In looking over the “*Gazette Médicale*,” of Montreal, (a journal which, unfortunately for the profession, lately expired after the completion of its twelfth number), I find in No. 4, the following contribution concerning the use of santonine in the treatment of urinary calculi, together with some remarks concerning certain curious reactions which it produces when present in the urine, all of which, I am inclined to believe, escaped the ubiquitous optics of your indefatigable periscoper, for I do not recollect of having seen any notice of it in the REPORTER. I give you the article entire, and trust that its perusal may lead the profession to test the accuracy of its conclu-

sions by giving the remedy a thorough trial in the disease in which M. CAMERA has found it so efficacious. After alluding to its well-known anthelmintic properties, and denying its efficacy in amaurosis, the article proceeds to state that, according to M. CAMERA, this remedy has found a useful application in cases of *urinary calculi*. His clinical experience warrants him in making the statement, that individuals afflicted with gravel, and who are from time to time tormented with violent nephritic colics, have experienced the most wonderful effects from the action of the remedy.

“I administer to these patients,” says he, “from five to six grains of santonine twice a week, during one month. The remedy is taken at breakfast time, and followed the next day by a purgative dose of castor oil. The remedy can thus be continued for several months without inconvenience. I can testify that individuals tormented by nephritic colic, due to the presence of calculi of uric acid in the urinary canals, have ceased to feel those horrible pains, which before jeopardized their life.

“Santonine acts energetically upon the nervous and vascular systems, and for this reason most powerfully influence the great act of nutrition. In the same manner that strychnine augments the proportion of uric acid in the urine, when this alkaloid is made use of, so santonine seems to *prevent* the excessive formation of this acid in those persons who have a particular disposition to excrete a superabundant quantity of the material in question. This preventive action is in all probability to be ascribed to a modification of the nerves presiding over nutrition.”

Action of Santonine upon the Potash Test for Sugar.

According to M. NOTTA, when santonine is taken internally, it so modifies the urine as to give rise to appearances very similar to those produced when sugar is present in that fluid. He relates his experience as follows:

“I was called about a month ago to see a male child which had been ill for some fifteen days, but presenting no characteristics of well-defined disease. The chief symptoms were anorexia, lassitude, palor, and intense thirst. When this last symptom is present in a patient, unattended by sufficient fever to account for it, it is my invariable habit to carefully examine the urine by heat and caustic potash, and have thus recognized the presence of sugar in the urine of patients where it was unsuspected.

“I treated the urine of this child with potash,

and at once perceived it change to a beautiful cherry-red color, not exactly the same as that obtained where sugar is present, but so nearly resembling it, that by a superficial examination one might be led to the conclusion that sugar was actually present. In order to be certain, I treated the urine with FIEHBIG's solution, and obtained no precipitate. I then knew that the urine contained no sugar, but still was ignorant of the cause of the coloration. The next day I again examined the urine, and obtained the same result. On closely questioning the child, and its parents, to discover the cause of this phenomenon, I learned, that supposing the child to have worms, she had been administering pastiles of santonine. I then ordered them to discontinue the remedy, and at the end of a few days the urine, when treated with potash, failed to give the cherry-red color."

In repeating these experiments, M. NOTTA has not failed to recognize the fact, that caustic potash brings out this cherry-red color instantaneously, *even when the urine is cold*, and this forms a distinguishing characteristic between urine containing santonine, and that containing sugar, for in the latter case the brownish-red reaction is only produced by the aid of *heat*. The explanation of this reaction belongs to the domain of chemistry, but M. NOTTA feels certain that santonine is never found in a free state in the urine. (ABEILLE.)

So far as regards the *preventive* power of santonine in cases of calculous disease, we should be inclined to think it a question extremely difficult to determine.

Our own experience has taught us that a patient may have one attack, and then be entirely free from the disease for a number of years, without being subjected to *any treatment* beyond an occasional aperient, and abstinence from stimulating diet, while we have known others to have as many as five or six attacks in the course of as many months. Now, had we given santonine after the manner of M. CAMERA, in the first case, we should have been very apt to ascribe his immunity from disease to the administration of that remedy. If santonine possesses the power ascribed to it by M. CAMERA, we may hope for great success in the treatment of that distressing complaint. We have already, in the *Hydrangea Arborescens*, a remedy which seems to act, so to speak, as a renal purgative in cases of calculi; and if, by the use of santonine, we shall be enabled to prevent their formation, the proper administration of these two remedies will enable us to control the disease.

PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS OF THE TRUNKAL MUSCLES, WITH THE THERAPEUTIC INDICATIONS INVOLVED.

By E. P. BANNING, M. D.,

Of New York.

(Continued from p. 175.)

Having considered the declarative and relative merits of pessaries, and shown their inadequacy and unadaptedness to the physiological and therapeutic wants in uterine displacements, and also, that in the *main*, their use is prejudicial in point of *fact*, we now return to our first proposition,—that the first thing to be done in uterine displacements is, to correct the trunkal bearings toward the uterus, rather than to correct the uterine bearings toward the trunk. On this point, our arguments have been fully set forth in the 16th of June number of the *REPORTER*, and several times hinted at in our present series on the trunkal muscles; consequently, I shall here content myself with a summary statement, as to the reasons for pursuing such a course, requesting the reader to fully consider the figures 1 and 2, on page 5, current volume.

When we fully comprehend the working bearings of Fig. 1, which represents the normal and healthy female body, without and within, we see that conjointly by the depressed and retreated position of the pubes, the advanced position of the sacro-lumbar spine, the swaying of the head and shoulders behind the spinal axis, and the consequent tensed condition of the abdominal muscles, the inferior abdominal cavity is rendered antero-posteriorly shallow, and the viscera gathered and elevated by the advancing dorsal and receding abdominal walls; so that there can be no more than a normal visceral pressure upon the pelvis, and that *that* little rests chiefly upon the pubes. Also, to complete the uterine protection, we find the uterus and rectum largely sheltered below and behind the sacro-lumbar promontory; we also find the uterus suspended at perfect rest, in the superior pelvic axis, and the vagina comfortably contracted upon itself below, as the fruit of the taught and well balanced state of all the parts above.

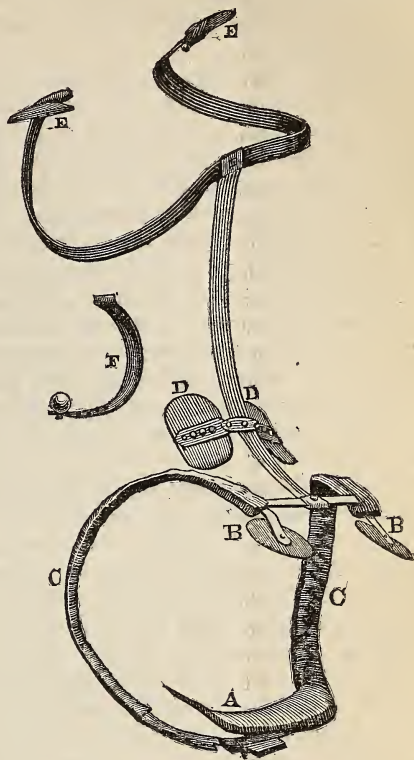
But in Fig. 2, each of the above particulars are so completely reversed, that we find the unsupported viscera elongating and descending with unbroken force, through a horizontal pelvis, upon the uterus, rectum and bladder, thereby putting the uterine ligaments and the vagina upon an immense strain, comparatively, and compelling them to act rather as *beasts of burden*, than as

gentle braces of the two ounces of uterus. We also see that a relaxed state of the dorsal and abdominal braces are the immediate causes of this state, and that whatever pushes forward the dorso-lumbar spine, in imitation of the active lumbar muscles, and gently lifts the abdominal viscera, in imitation of the active abdominal muscles, removes or diminishes both the cause and the burden, and places the relaxed and exhausted muscles in a state of recuperative rest. This being obvious, how this is to be effected becomes now the question before us.

First, then, can medicine accomplish it? manifestly not; so testify both history and facts. Shall exercise do it? not in the premises; for in most cases, the relaxed condition has not been the result of inaction from indolence, but of exhaustion under untoward influences; and hence, to apply the law of labor to them, as though they had never had anything to do, would be to squander their remaining strength, and in the mean time, to increase the uterine depression and the ligamentous strain, inasmuch as in a depressed condition of the uterus, the influence of muscular effort will be downward—and aggravating in the premises—and pessaries, at best, only serve to crowd the uterus against the contending visceral force.

Under these necessities, we introduce the mechanical appliance denominated the abdominal and spinal shoulder-brace. This instrument, when held before the eye, by the side of figure 1, would seem to be a kind of counterpart of the normal body, both in its form and bearings. When analyzed, the instrument purports to be a sort of artificial pelvis, sitting *immovably* above and inside of the innominati; and, as in the body, the spine, abdomen, etc., seem to be rooted in, or to spring from the pelvis, so from the main spring, or innominati of the brace, is radiated its subsidiary parts. For instance: First, the abdominal pad has an upward and revolving action from its lower edge, upon the lowest hypogastric region, and imitates the abdominal muscles in lifting and wedging the viscera away from the pelvis, and against the diaphragm, and also, by the pressure and the undulating vibration of this pad, there is, as in the case of the active abdominal muscles, a stimulating motion given to the viscera and the relaxed abdominal muscles, which is adapted to *educe* both the muscular and visceral activity. This is in contrast with the deadening and life-squelching influence of ordinary compressing, squeezing and heating supports, which have so long constituted the standing professional objection to mechanical supports.

Abdominal and Spinal Shoulder Brace.



- a. Front-pad elevating abdominal viscera.
- bb. Pads supporting the glutei muscles on either side of the sacrum.
- cc. Bows of main-spring rising above the innominata sitting immovably upon the body.
- dd. Aggressive support to either side of the dorso lumbar spine.
- ee. Spring support resting upon the head of each humerus. The combined action being to elevate the viscera, sustain the spine in proper form, and poise the upper trunk behind the spinal axis.
- F Spring support for prolapsus ani, and hemorrhoidal tumors attached to the base of the spring supporting the spine.

Next, from this artificial pelvis shoots up a *steel spine*, curved a little more like a spine than the spine is curved *like itself*, with a view to an aggressive or lever action, and upon this is mounted a set of lumbar muscles, in the form of a saddle, which presses the retreated *point d'appui* forward, like the active lumbar muscles, to its proper position between the ankles and head, thereby causing the pelvis to swing upon its femur heads, and to depress and retreat the pubes. This, as in the action of the healthy spine, and active spinal muscles, is not done by an arbitrary, but by an aggressive and yielding action, which at once *rests* the muscles, and *excites* to

activity, admitting of all necessary motions, but prompting the body to quickly return to a state of rest in the spinal axis, which is also the axis of the instrument.

Next, in the living body, we find the chest poised upon the spine, and depending upon the latter for strength; so, upon the top of this steel spine, is a shoulder bow, (more properly a set of artificial scapular muscles,) armed with a pair of concave caps, to fit the anterior convexity of the heads of the humeri. When these are drawn under the arms and placed upon the shoulders in front, they bring into play not only each particular part of the instrument, but also all of its parts; the combined action being to elevate the abdomen, crowd forward the spinal axis, and draw back the upper chest, so as to poise it behind the spinal point, by a sort of spring-pole action.

The whole of this appliance constitutes a *dou-ble lever*; the spinal saddle acting as the fulcrum, the front pad as the lower, and the shoulder board and caps as the upper levers, in precise imitation of the body; where the dorso-lumbar spine is the trunkal fulcrum, and the abdominal and scapular muscles the two levers which act from that point. In all this the instrument touches only at the three points of trunkal power, to wit, the spinal fulcrum, the base of the abdomen, and the anterior shoulders; the latter two being constantly drawn toward the fulcrum, and leaving all intermediate points perfectly free and uncompressed. In a word, so concordant and human is the action of this combination, that between the strong and erect body without it, and a weak and drooped one with it, the difference simply is, that the one is so by an inherent *natural force*, and the other is *rendered so* by an external and artificial one, which acts in 'the interests of returning energy.

I have now in the light of the clearest mathematical law, made the following points, viz., that visceral weight must always be a primary or make-weight element, in the production and maintenance of uterine displacement, whatever the concomitant pelvic relaxation may be; that to diminish visceral weight to the last degree, is first indicated in a radical cure; that ordinarily, in proportion as the pelvis is properly horizontal-vertical, the upper trunk poised *behind* the spinal axis, and the abdominal and dorsal muscles duly tensed, the aggregate actions are, to shield the pelvic organs from pressure by virtue of simple position, and to elevate the viscera from the pelvis; and lastly, that when from habit or debility these bearings are lost, the mechanical combina-

tion just described is mathematically *compelled* to restore the proper bearings, elevate the pressing viscera, remove the aggressive agency in the case, and fully enfranchise the pelvic forces in elevating the uterus. So much for theory based upon anatomical and physiological philosophy. But no longer shielding myself behind the ramparts of bare philosophy, I boldly and earnestly assert, that out of about five thousand tests of mechanical support, without the aid of pessaries or constitutional treatment, but about one-fifth of the whole failed of perfect relief, and that these were mainly confined to the extremest conditions of procidentia, versions, and flexions. Indeed the few exceptions really proved the general rule. When its application was accompanied by a tempered perseverance in *proper* exercise, and by prudence in all things, the relief has not only been immediate but permanent; and the imitative and eductive action of the instrument upon the muscular susceptibilities have reinstated the muscular strength, and left no further call for artificial aid. But in the worst cases, although the relief has been great, such has been the age, constitutional infirmity, injuries received in labor, and many other unfavorable circumstances, that the artificial aid has been retained as a perpetual comfort. To this, it is just to add, that an added interest is derived from the fact, that a large portion of these cases were *forlorn hopes*; who had had the benefit of every conceivable treatment at the hands of eminent physicians, and that the most successful of them were so confirmed, as to have been unable to *stand* or *sit* for several years. In illustrating the treatment of all grades of uterine displacement, by a lifting and bracing abdominal and spinal support, the difficulty is to *select* from so vast a number of cases, and I content myself with a very few.

Case 1st. Unmarried; had been seven years under the treatment of many physicians. After several alternations of rest and effort, the case was finally abandoned as *hopeless*. On examining her I found the *os* lying in the *meatus externus*. Constipation about total. Constant urinary stiltidium; great *boring* feeling in the sacrum; unbearable sense of weight and tension in the hypogastrium, and more particularly in the region of the broad and round ligaments; great tenderness and sinking at the epigastrium, together with such a tendency to spasms as to compel the constant use of morphia, for four years successively. The pressure upon the pelvic nerves and arteries was such as to cause the greatest coldness and emaciation of her limbs. To this case no application but that of the brace was

made, as everything else had been faithfully tried before. The same day of the application, her feet became warm, bowels moved, and the patient slept sweetly. Gradually the spasms ceased, and in six weeks the lady walked some. She is now perfectly well.

Case 2d. A married lady of about 40; had for four years been so desperate a case of prolapsus as to have been abandoned by her physician, and after that, was taken from one institution to another, with no good result. In this case, symptoms of paralysis ensued. She could neither bear the sitting posture, nor allow her limbs to depend. As in case 1, there being no hope in any other treatment, the brace was carefully applied, and the results were very marked. On first day the patient stood, and walked a little, and in a few weeks took a journey. This lady is now well.

These cases must suffice, and were selected because they were of an extreme character. To me it appears, that the lesson of these cases is, that the timely application of abdominal and dorsal support was the missing link in the chain of treatment, which would have saved a vast amount of suffering and expense. On this point I cannot expect to influence that portion of the profession who have for so many years been the defenders of the *exclusive* tonic, anti-spasmodic, and pessary practice; and, to a considerable extent, have staked their reputation as practitioners and teachers upon it. But, as nothing can be lost by it, and much may be saved and gained, I may properly press upon others the propriety of testing this principle, not in forlorn cases only, but in moderate and incipient cases also.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
May 9th, 1866.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Ozæna.

Thos. F., æt. 16. He has had a bad smell from the nose for about a year, with a little discharge on the right side. His father is living and is healthy. His mother died of consumption. It is not probable, on account of his age, that this affection is syphilitic, originating with this young man. Mr. HUTCHINSON, of England, has traced syphilitic diseases as far as the fourth generation. If these observations be fortified by subsequent investigators, it will go to confirm the doctrine so frequently enunciated at this clinic, in regard to the nature of those curious affections which have been described under the name of strumous, tubercular, or scrofulous.

This patient has a good complexion and appetite, and sleeps well. His bowels are regular. There is no disease of the palate or tonsils present. This affection has doubtless been transmitted from the parent, and is what is usually denominated a tubercular disease. It is simply a local manifestation of a constitutional diathesis. The general symptoms are of a favorable character.

Although it is not certain that the patient is laboring under such a taint, he will be placed under the same treatment that would be instituted in hereditary syphilis, as a great majority of cases of this kind are of that character. He was ordered to take five grains of iodide of potassium and one-tenth of a grain of bichloride of mercury, in solution, three times in the twenty-four hours. Locally, an injection of permanganate of potassa, one-sixth of a grain to the ounce of water, was directed to be used with a good syringe, the head being held downward, while the solution was thrown up the nostrils. He was enjoined to eat no meat for the next two weeks, to live upon bread and milk and the lighter vegetables, and to keep the bowels open with magnesia or a little Rochelle salts. The disease is always tedious

Epulis.

Rachel G., thirty-five years of age, colored. She has had a tumor on the lower jaw-bone for eight years. It involves three teeth, two in particular, the incisors. It is very vascular, the slightest touch causing it to bleed. A portion of it is of florid complexion, the rest is livid. The tumor projects in front as well as behind, and evidently involves the alveolar process. It pains a little at times. It has grown a good deal for the last three years. It is hard, inelastic, in great measure incompressible, and plainly fibroid in character.

This belongs to that class of tumors known in books under the name of epulis, growing upon the gum; but, in fact, they grow from the gum, and very frequently from the lining membrane of one or more of the teeth. The teeth become implicated in the morbid growth, as well as the alveolar process, and sometimes the entire jaw.

This tumor is probably not malignant in its character, belonging to the class of recurrent fibroid tumors. There is nothing to be done in the way of dissecting it out. In order to do justice to this woman, it is necessary to remove two or three teeth along with the alveolar process. Even then there may be reproduction.

The middle incisor was extracted, and the tumor removed with a portion of the alveolar process. The bone that was left was sound. The apparatus of Dr. RICHARDSON, of London, for the application of ether spray, with the view of producing insensibility of the part, was employed during the operation, with the effect of apparently diminishing the pain.

Cataract.

Joseph S., sixty-eight years of age. He is affected with cataract in his left eye, and with the same disease in an incipient state in his right. He can see objects with his right eye, but not with his left.

The pupils have been dilated with a solution

of atropia, one-half a grain to one-half a drachm of water. The right eye will be operated upon now, with the conviction that he will have good sight in that eye, and at some future day, the other may be attended to. The cataract in the left eye is probably a hard one, and therefore requires extraction. A hard cataract should not be depressed. That operation ought to be entirely abandoned. A hard lens cannot be dissolved, or requires years for its accomplishment, and, in the meantime, pressure upon the retina and choroid coat produces disorganization of the eye, leading to total blindness. The first effect is always pleasant, the patient considers himself in a most fortunate condition, but in the course of a short time violent inflammation is set up, and in this way the sight is destroyed. Extraction is the best operation. The other operation which may be performed is division, or breaking up of the lens into numerous fragments, and subjecting them to the action of the aqueous humor of the eye or to absorbents.

The lens was cut up by a cataract needle introduced through the sclerotic coat below the horizontal diameter of the eye, at a distance of two and a half or three lines behind the cornea. The eyes were closed with isinglass plaster and bandaged to exclude the light. A dose of morphia was ordered immediately after the operation, for the purpose of preventing undue reaction. The man must abstain from meat. He may take milk, stale bread, a little potatoes, rice, hominy, chicken, lamb or mutton broth, and cold water and lemonade for his drink. Should violent inflammation arise, ordinary antiphlogistic remedies must be used.

May 12th.

Abscess of Lachrymal Sac.

Laura S., æt. 5 years, colored. She has been sick for two years. Her eyes seem to be perfectly sound. There is apparently an abscess directly over the situation of the lachrymal sac of the left side. There is some swelling in the same position on the right side. She has an offensive discharge from the nose. The child had an eruptive disease two years ago, of what character cannot be ascertained. As there is no pitting, it is not probable that it was small-pox or varioloid.

A mild laxative medicine, one and a half grains of calomel, and four of jalap, was ordered every fourth morning. Also, one grain of iodide of potassium, one-tenth of a grain of bichloride of mercury, and eight drops of the syrup of the iodide of iron, three times in the twenty-four hours. The child should be washed once a day, probably in the evening, with luke warm salt water, and rubbed well with a soft dry towel. Diluted tincture of iodine will be applied locally, and the parts punctured to produce an alterant effect, and give vent to the pus. This case is one in which there is a scrofulous or syphilitic taint of the system.

Ulcers of the Lip.

John McL., æt. 55. He says his lower lip was cut eighteen years ago for cancer. There is superficial ulceration at two points of the lower

lip, and a little hardness. His sleep is disturbed at night by the pain.

This case is not one of epithelioma. If it were of that character the lip would be stiff, rigid, firm, and inelastic. There is no history of syphilis. The ulcers heal up and then break out again. His tongue is badly coated. He has eructations after eating, and food rests somewhat heavily upon his stomach. Bowels are not constipated. His water is high-colored. He perspires easily, and is sleepless at night.

This condition of the lip is doubtless connected with a disordered state of the digestive apparatus. If the diagnosis be correct, all that is to be done is to improve the digestion, by proper diet, and an occasional purgative, in order to cure this affection. Five grains of blue mass, and five of compound extract of colocynth, with one grain of ipecacuanha, were directed to be taken every fourth night until the tongue becomes clean. His diet should be plain and simple. He should avoid pie and salt meat, eat a little fresh meat once a day, and live upon rice, potatoes, hominy, grits, stale bread, crackers, etc., taking, if weak, an occasional glass of ale or porter at dinner, or at night. Two grains of sulphate of quinia, one of sulphate of iron, one of hyoscyamus, and one-thirtieth of a grain of strychnia, were ordered three times a day. He should wash himself once a day in luke-warm water, with a little salt or mustard in it, and apply locally the ointment of the nitrate of mercury; one part to three of simple cerate, as a stimulant, alterant, and cicatrizer.

Coxalgia.

Charles R., æt. 6 years. It is about a year since he first became affected with hip-joint disease. The left hip is wider from side to side than the opposite one. The gluteo-femoral crease is effaced. The skin has a glossy appearance. There are orifices connected with sinuses leading down to the bone. The thigh is flexed slightly upon the pelvis, the leg upon the thigh, and the heel retracted. There is spinal curvature, formed in consequence of the position the child is obliged to assume in order to throw the weight of the body upon the sound limb. The disease has doubtless made a great deal of progress. There is no motion at the hip-joint; the pelvis moves with the thigh. There is probably destruction of the articular cartilage of the head of the thigh-bone, and perhaps also of that of the acetabulum, together with the interarticular ligament. If the disease be permitted to go on, there will be complete destruction of the head and neck of the femur, extending as far down as the great trochanter. The acetabulum always suffers. Sometimes it becomes perforated, and an abscess forms, which discharges itself both externally and internally.

All that can be hoped for is to arrest the disease. If such cases are taken in hand early, they may be successfully managed, but if several months have elapsed, all that can be done is to cure the disease without removing entirely the deformity. The child is well nourished; the color of its lips is good. It does not sleep well. The limb jerks and twitches. There has been no pain in the knee at all of late. This pain is always an early symptom, it gradually becoming less, and finally appearing in the hip-joint.

About every fourth day the boy should take one grain of calomel with three of jalap. Dilute tincture of iodine, one part to three of alcohol, was directed to be painted on with a large camel's hair brush, and at night a weight to be attached to the foot, at first of three pounds, gradually increased to five or six, in order to remove the diseased extremities from each other. During the day he may exercise on crutches.

—♦—

LONG ISLAND COLLEGE HOSPITAL, }
Session, 1866. }

CLINIC OF PROFESSOR E. N. CHAPMAN.

Reported by Alex. J. C. Skene, M. D., Clinical Assistant to the Chair of Obstetrics.

Ovarian Dropsy.

Mary K., aged 45 years. Single, and never pregnant. Came to the out-door department, May 29th, 1866. She was fleshy, and had always enjoyed good health until three years ago, at which time she began to suffer occasionally from a slight pain in the right iliac fossa. Two years ago, the pain became more severe and constant, and was accompanied with tenderness. The abdomen beginning to enlarge, she consulted a physician, who ordered a blister to the painful part, and gave some purgative medicines. The blister only partially relieved the pain for a short time, and her symptoms have gradually increased until the present time. Her appetite had failed, and her bowels had become constipated and flatulent, her tongue was coated, she had a semi-jandiced appearance, and was weak and nervous.

A physical examination of the abdomen revealed the following condition. By making percussion when the patient lay on the back, tympanitic resonance was elicited at all parts of the abdomen, excepting the lower part of the left side, where there was flatness. Percussion now being made, with the patient placed first on one side, and then on the other, this flatness in the left iliac region was unaffected. At this point fluctuation was detected by peripheral, but not by diametrical percussion. A digital examination per vaginam revealed nothing abnormal in the pelvis, excepting that the uterus was slightly anteфлекed.

A cathartic dose of blue mass and resin of jalap was given, and each evening, following a small dose of salts and cream of tartar, for the purpose of keeping the bowels regular. The patient suffering more from flatulence after this prescription than she did before, it was presumed that this was due to the saline laxative, which was discontinued, and pil. aloes et assafoetida given in its place. A bitter tonic also was ordered and continued for some time.

She presented herself again at the clinic about the end of June, at which time her general health had improved, but the ovarian disease remained unchanged. She thought that the swelling of the abdomen was lessened, but if it was, the change was due to the absence of flatulence, rather than diminution of the ovarian tumor.

Commentary. The diagnosis of ovarian dropsy at an early stage, is often extremely difficult.

Indeed, there are no distinctive peculiarities belonging to it which may not be produced by other conditions. Hence it is by the history, the aggregate of the signs and symptoms, and by the exclusion of one disease after another, that we are to arrive at an opinion. When the tumor is small and lies in the pelvis, the symptoms resemble those of displacement of the uterus or its enlargement. These diseases are readily diagnosed and excluded by a physical examination.

When the tumor advances in size and rises into the abdominal cavity, it is likely to be confounded with enlargement of the uterus from pregnancy or fibrous tumors. The former is easily excluded by the presence of a smooth globular tumor in the median line, signs of gestation, and a rate of growth proportionate to the computed pregnancy. The latter by appearing and being mostly in the hypogastric region, by rounded solid enlargements, movable with the uterus and superadded to its structure, and the absence of fluctuation. When the cysts become so large as to fill the abdominal cavity, the condition resembles hydroperitonæum.

The differential diagnostic points are that in ovarian dropsy, an enlargement began on one or the other side and has gradually distended the abdomen. The fluid of ascites gravitates to either side that is made dependant, but in ovarian dropsy it is held in the affected side, and parts of the abdomen are tympanitic, that in ascites would be dull.

The treatment of this disease is extremely unsatisfactory; indeed, medicines have no power to arrest or cure it. If it is accompanied with constitutional diseases, they should be removed, and the general health maintained as far as possible. When the life of the patient is in peril from the size of the tumor and its interfering with nutrition, relief is obtained by tapping, but that is an operation only palliative, as the fluid soon returns. The only radical cure which surgery can effect is by ovariectomy, an operation looked upon as a last resort, but in a large percentage of cases followed by a perfect restoration to health.

Tuberculosis involving the Right Ovary.

Mary J., æt. 26 years, single; had always enjoyed perfect health, and presented no indications of any hereditary tendency to disease. She had been sick for nearly four weeks before she came to hospital, the attack beginning at the last catamenial period, at which time the menses failed to appear, being suppressed, as supposed, from cold. Formerly the menses had always been regular. Her symptoms, at first those of uterine congestion, gradually became those of retroversion.

Dr. WIGHT attended her a few days before admission, and detected, as he thought, congestion of the uterus and latero-retroflexion, and then sent her to hospital. On admission, the same symptoms were present, and as it lacked but a few days of her menstrual period, medicines—Dover's powder and camph., etc.—were given to favor the menstrual flow, with the hope that a profuse menstruation would relieve the conges-

tion. The menses, returning very profusely, did not relieve the symptoms, but greatly intensified them.

At the cessation of the catamenia, she presented the following condition. Constant pain forbidding sleep, even at times, with the aid of morphia; pain in the pelvis, of a forcing character, as in retroversion; difficulty in urination; pain in the sacrum; pain and neuralgic tenderness in the coccyx and lower part of the rectum; hypogastric and iliac regions hard, tense, elastic, and excessively tender; legs drawn up; excessive nervous irritability; pulse from 90 to 100, and small; obstinate constipation, requiring large doses of medicine to keep the bowels open; occasional vomiting. On a digital examination being made, the neck of the uterus was found in its normal axis and proper position, only carried a little in front of the middle of the pelvis. Posteriorly, toward the right sacro-iliac junction, there was a round mass, firm and hard, the size of the body and fundus of the uterus when congested, and between this mass and the neck, which were continuous, was a pocket-like cavity. This tumor and the uterine neck were immovably united, and they both allowed of but slight motion.

These manipulations caused great outcries, and no examination could be made above the pubes, nor was it thought necessary, as it seemed clear that this was a case of flexion attended with congestion, originating from the stoppage of the menses. This view of the subject was corroborated by a speculum examination, which revealed a slight congestion of the neck of the uterus. Anodynes, laxatives, fluid-food, and leeches to the uterus, through the speculum, were ordered. This treatment was continued a little more than a week, at which time the condition of the patient, becoming every day worse, assumed an alarming phase.

That the examination might be completed, as it was not at first, on account of the pain excited, chloroform was administered. It was then found, by the finger per vaginam, that the same condition existed as at first, but the abdominal muscles being now relaxed completely, a tumor was discovered above the pubes, the size of the fist, which had an irregular outline, and was hard and nodulated. This was slightly movable, and situated more to the right than the left side. The index-finger of the right hand, pressing upward in the vagina on the os uteri, moved this tumor, but the latitude of motion was slight.

The diagnosis even now was obscure. It seemed most probable that this was a case of pelvic cellulitis, from the following: The hard mass posterior to the uterus being the sac of DOUGLASS filled with serum; the irregular mass above the pubes being the broad ligament irregularly separated by the effused products of inflammation; the fever the patient had had, of an inflammatory character, for four or five days, and more recently, the slight chills, such as would indicate the transformation of the inflammatory products into pus; the semi-flexed state of the uterus, as though all of its annexæ were fused together and partially attached to the surrounding parts; the disease following suppression of the menses; gradual accession of the symptoms, especially of pain

and fever, accompanied by evidences of the formation of pus: the great pain and tenderness; the hard, tense, and tender state of the hypogastric and iliac regions; the drawing up of the lower limbs, and lastly, the main points of her history, viz., healthy subject, normal menses, age of the patient, etc. On the other hand, there were derived from the examination some particulars inconsistent with the diagnosis of pelvic cellulitis. The feeling imparted to the hand, when applied to the lower part of the abdomen, was that of scirrhus of the uterus. The hard nodulated mass seemed an outgrowth from the right side of the body and fundus of the uterus, and these irregular swellings were circumscribed, whereas enlargements from pelvic cellulitis, being formed at first of serum, would diffuse themselves more equally in the broad ligaments, gravitate to the lowest point, be found in the internal fossæ of the iliac bones, and render the internal genital organs fixed as though imbedded in mortar when soft, that subsequently became hard. So also, when there was a change in the fever, which eventually took on the suppurative character, the swelling in the sac of DOUGLASS would have become soft, but it remained hard, as at first. More than this, other points would have presented themselves in the vagina, as the matter was making its way to an outlet. A qualified diagnosis, however, was made of cellulitis.

The symptoms continuing, the patient's strength began to fail, and typhoid symptoms rapidly came on. Beef-tea, egg-punch, and wine were freely given. Her pain was agonizing, and only partially relieved by large doses of opium. Her bowels were so much obstructed that cathartics and enemata were ineffectual. She died, by asthenia, May 5th, five weeks from the time of admission.

Post Mortem. When the abdomen was opened, evidences of acute local inflammation were found on the peritoneum, in the region of the uterus and broad ligaments. The parts were bound together in an inextricable mass, only separated with difficulty by the knife.

Posterior to the uterus, and in the right broad ligament, a tumor was found, of an irregular, globular form, and about five inches in diameter. The tumor, which involved the right ovary, was so firmly united to the bladder and rectum, that they could not be easily separated. This peculiar pathological formation was found to consist of a mass of tubercular matter, a cheesy-looking material interwoven with fibrous tissue. At the lower part of the tumor softening had taken place, and a cavity had formed there, about one and a half inches in diameter, containing pus. The right Fallopian tube and ovary were imbedded in the tumor, and were impacted with tubercular matter to an extent which obliterated their natural structure. The uterus was quite normal, and, excepting the local inflammation and a few small tubercular deposits in the peritoneum, all the other abdominal organs were healthy.

The friends desiring to have the body at a certain hour, time was not allowed for examining the thoracic organs, but this was scarcely necessary, as no symptoms existed during life referable to the chest.

EDITORIAL DEPARTMENT.

Periscope.

The Structure of the Crystalline Lens.

A very valuable paper has been published by Herr VON BECKER in the *Archiv für Ophthalmologie*, on the subject of the structure of the crystalline lens. The eyes he investigated were those of the calf. They were prepared by maceration for a few hours in a solution of sulphuric acid (five drops to the ounce of distilled water). The capsule of the lens, he says, at first appears to be perfectly homogeneous, but when it is examined with a sufficiently high power, it exhibits striæ that indicate a lamellar structure, which is still more marked when the capsule has undergone morbid thickening. The anterior capsule is decidedly thicker than the other. In fish and in amphibia there is less difference between the two capsules in this respect than in mammalia and birds. The difference increases with age. In a man of seventy-two years, it amounted to 0.047 millimetres. The inner surface of the thickened portion of the capsule is clothed with a layer of cells, which is not epithelial only, but is in some measure composed of small rounded cells. The fibres of the lens are thus developed: The small rounded cells of the capsule arrange themselves in groups of from two to six; their nuclei increase in size, assume a linear direction, and finally the cells themselves unite and form cylinders of a concave and jointed appearance at the surface of the lens. The development goes on actively even at birth. Numerous spaces exist between the fibres, to which Herr BECKER gives the name of *infiltrary spaces*, and asks, do they exist during life?—*Lancet*.

Mode of Distinguishing between Nervous Idiopathic Albuminuria and the Albuminuria of Diseased Kidneys.

The principle upon which M. CORLIEU founds the test by which he distinguishes between these two forms is, that when the kidneys are healthy, the urine possesses the smell of odorous substances introduced into the system. He says that if such substances as cubebs, turpentine, etc., be ingested, they will give their characteristic odor to the urine, in cases of albuminuria, provided the kidneys be healthy; but if the kidneys be diseased, as in nephritis, the odor of these substances cannot be detected, even though they have been previously introduced into the system.—*Lancet*.

Physiological Action of Narceine.

In the last number of the *Journal de Chimie Médicale* there is an abstract of M. LINNE's researches on the above subject, from which we perceive that the following conclusions have been arrived at: 1. Narceine is unquestionably of all the alkaloids of opium that which has the greatest narcotic power. In the majority of cases, morphia and codeia do not produce as sound or as prolonged sleep as results from the use of narceine.

2. Narceine differs from the other alkaloids of opium in producing little perspiration, and in causing no loss of appetite or nausea. 3. So far from producing constipation of bowels, it causes relaxation, and, in large doses, actually gives rise to diarrhœa. 4. It not only produces sleep, but diminishes pain. 5. It has one peculiar action: it suppresses the flow of urine. For this reason, M. LINNE thinks it might be advantageously employed in cases of nocturnal incontinence of urine amongst children. But it seems to us that, until its action can be shown to be on the bladder, rather than on the kidneys, its employment in such cases would be highly improper.—*Lancet*.

Mercurial Collodion in the Removal of Syphilitic Patches of Discoloration.

M. LECLERC states, in the *Presse Médicale Belge*, that a patient of his having tried alkaline, vapor, and sea-baths for the removal of those patches which appear on the skin of syphilitic patients, without effect, he recommended her to apply the following lotion, which removed them in a few days—corrosive sublimate, fifty centigrammes; collodion, fifteen grammes.—*Lancet*.

Gason's Treatment for Cholera.

MR. JOHN GASON recommends the following treatment of Cholera: "The abdomen should be tightly swathed with red flannel binder sprinkled with chloroform, and the patient confined to the supine (horizontal) posture. As soon as the rice- evacuations have commenced, and the faecal evacuations have ceased, a tightly rolled up towel, in length about eight or nine inches, and in circumference about three inches, and moistened with an antiseptic, should be placed lengthways beneath the buttocks, so that the orifice of the rectum may be about midway on the roller. No evacuation of the bowels should be permitted, which will be completely obstructed by the towel. Drinks must be strictly withheld until choleraic symptoms have passed. Some drops of chloroform should be given frequently on sugar during the stage of collapse. Opiates and stimulants are positively injurious, as they increase secondary fever."—*Lancet*.

Dilute Sulphuric Acid as a Prophylactic in Cholera.

DR. HENRY MACCORMAC, of Belfast, in a recent number of the *Medical Press and Circular*, strongly recommends and urges upon the attention of the profession, from large experience, the advisability, coupled, however, with every proper general sanitary precaution, the prophylactic efficacy of dilute sulphuric acid, a drachm in peppermint water daily, during the prevalence of Asiatic cholera. In the Belfast District Asylum for the Insane, this preventive plan was, Dr. MACCORMAC asserts, of infinite value, no instance of the malady occurring after its use.

Might not the bisulphites be administered with this object advantageously?—*N. Y. Med. Journal*.

Reviews and Book Notices.

On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteria, in Females. By BAKER BROWN, F. R. C. S. (Exam.); Senior Surgeon to the London Surgical Home; President of the Medical Society of London; Fellow of the Obstetrical Society of London, etc., etc. London: R. Hardwicke. 1866. 12mo., pp. 85.

On Spermatorrhœa: Its Causes, Symptomatology, Pathology, Prognosis, Diagnosis, and Treatment. By ROBERTS BARTHOLOW, A. M., M. D., Professor of Physics and Medical Chemistry in the Medical College of Ohio; Lecturer on Clinical Medicine, and Physician to St. John's Hospital, Cincinnati; formerly Assist-Surgeon (Captain), U. S. Army, etc., etc. New York: W. Wood & Co. 1866. 18mo., pp. 112.

BAKER BROWN, in the volume above mentioned, makes some very striking assertions, supported by remarkable facts. The substance of them is, that many cases of serious nervous disorder in females being due to "peripheral irritation," *i. e.*, self-abuse, amputation or removal of the clitoris, being preventive of the cause, becomes curative of the effect. We are satisfied by his evidence that this must sometimes be a most important and altogether justifiable measure. This does not at all involve the admission, that *all* cases of insanity, epilepsy, etc., or even the greater part of them, are to be so explained or so cured. Cautioning the younger of our readers against such a possible extreme of thought, we are willing to commend the facts which BAKER BROWN has stated, as well worthy of the attention of all practitioners.

DR. BARTHOLOW's treatise upon Spermatorrhœa seems to us to have been judiciously conceived and well executed. LALLEMAND's ideas of the pathology and treatment of this affection have too long maintained the sway of routine. Central in those ideas, as all know, is that of the constant importance, in the production of spermatorrhœa, of irritation or inflammation of the prostatic portion of the urethra, and of the seminal ducts. Hence his use of the *porte-caustique*.

DR. BARTHOLOW summarily disposes of all this, and asserts, we believe truly, that the affection in question should take its place among the *neuroses*, as, essentially, a functional derangement of the excito-motor spinal system. He would limit the use of the *porte-caustique* to those conditions of inflammation, ulceration, and hyperæsthesia of the prostatic portion of the urethra, really proved to exist, and refractory to other less painful and dangerous methods; or, for moral effect, to obstinate cases accompanied by severe hypochondria,

or continued masturbation. Moral treatment of a larger kind, with appropriate regimen, tonics, etc., will be of service in the greater number of cases. *Circumcision*, it is well urged, should not be omitted in two classes of cases: 1. Those in which the habit of masturbation is due to the hyperæsthesia of the glands, produced by an elongated prepuce, and the irritation of retained sebaceous matter. 2. Those in which the same cause (a peripheral irritation) induces the venereal orgasm and involuntary discharge.

This treatise, however, goes very systematically over the whole subject. It is extremely well worth reading by all practitioners, as a good exposition of sound views. We will only mention, as particularly of interest, in addition to what has been said—the denial by DR. BARTHOLOW, of the frequency of ulceration or inflammation of the prostatic portion of the urethra in spermatorrhœa, in this country, at least; his clear discrimination between the not uncommon mucous discharges and true diurnal seminal pollutions; and his testimony to the positively anaphrodisiac effects of bromide of potassium in appropriate cases. This remedy, he states, "will be effectual in proportion to the degree in which structural lesions are absent, or in other words, in proportion to the degree in which these morbid states are functional rather than organic." The failures of DR. S. W. D. WILLIAMS and others, are accounted for by the existence of organic causes.

The Physician's Visiting-List for 1867. Philadelphia: LINDSAY & BLAKISTON.

Very many practitioners avail themselves of these "Lists," which answer a good purpose, although not altogether beyond improvement. We regret that means are not afforded to register the nature of cases, so that without trouble a real medical record may be obtained. Some years ago, the Medical Society of Pennsylvania gave its official sanction to a publication for that purpose, prepared by the present writer, but we are not aware that it became popular. How else can any really valuable medical statistics ever be obtained?

— DR. MÜELLER, of Berlin, recommends the dilution of Vaccine Virus with glycerine and water. He punctures the vesicle at the eighth day, and removes the exuded lymph with a camel's hair brush, and mixes with glycerine and water in the proportion of five drops of each to the product of one vesicle. The fluid is then sealed up in tubes, and will be found as certain in effect as the fresh lymph; while great economy of quantity is attained.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, SEPTEMBER 15, 1866.

FORMATION OF COUNTY MEDICAL SOCIETIES.

We have received several communications of inquiry in regard to the formation of county medical societies in this and other States. We are glad of the indication they give that the mind of the profession is healthy on the important subject of medical organization. There are many counties in this and other States in which no medical societies exist, where attention should at once be given to the subject. It would be idle to go into an argument here to show the importance of medical organization, and the good that results from it; suffice it to say, that every county containing enough practitioners, should at once organize a medical society, and if, as in some of the mountain counties of this State, there are not enough physicians to maintain an organization in one county, two or three counties should unite and form a society, and hold their meetings alternately in the different counties. If we, of the present day, would show half the zeal only, on this subject of medical organization, that was shown by the profession a hundred years ago, when they would travel scores of miles on horseback, or in vehicles, to a medical society meeting, there would be no cause to complain that our profession was not thoroughly organized. In thorough union and proper organization we would find a strength that would do much to remove the disabilities under which our profession labors in its relations with the public.

We find that there is, in the minds of some, a misapprehension as to who may, and who may not, become members of a medical society. In some portions of the country there are respectable practitioners of medicine of many years standing, who never received from a medical school the degree of *Medicine Doctor*. Will these be accepted by State Societies and the American Medical Association? To be sure—if they are constitutionally accepted by regular county organizations. Every medical college receives years of practice, and a regular standing in the profession, as equivalent to a course of lectures, just as they receive a course of lectures given in another institution.

In some States—as New Jersey—the Board of Censors of a District Society, appointed by the State Society, are the sole and unqualified judge

of the qualifications of those who appear before them, and a regular diploma is issued to the applicant by the President of the State Society on the recommendation of the Board of Censors, irrespective of the possession of one from any medical college. A few years ago no college diploma whatever, was of any avail to constitute a legal practitioner in that State, but they must all issue from the President of the State Society.

The Constitution of the Medical Society of the State of Pennsylvania divides the State into six Censorial Districts, as follows:

"The first comprises the counties of Philadelphia, Delaware, Chester, Montgomery, Bucks, Lehigh, Berks, Schuylkill, Lebanon, Dauphin, and Lancaster.

"The second, the counties of Northampton, Pike, Wayne, Susquehanna, Luzerne, Columbia, Northumberland, and Bradford.

"The third, of Lycoming, Tioga, Potter, Centre, and Union.

"The fourth, of Mifflin, Huntingdon, Perry, Cumberland, Adams, York, Franklin, and Bedford.

"The fifth, of Beaver, Alleghany, Washington, Greene, Fayette, Westmoreland, Cambria, Indiana, Armstrong, and Butler.

"The sixth, of Mercer, Venango, Jefferson, Crawford, Erie, Warren, McKean, and Clearfield; and such counties as have been, or may be formed of the above counties in each district."

The following are the regulations for the organization of County Societies:

"The members of the profession in any county of this State, who desire so to do, may form themselves into a County Society; Provided, that public notice of the proposed meeting for the purpose be given, and that all the regular members of the profession in the county be invited to join therein. The said Society may adopt rules for their government, provided the same do not contravene those of the State Society; may elect officers, and do such other matters as shall be necessary to carry out the objects of their association.

"No one shall be admitted as a member of a County Society, unless he is either a graduate in medicine of some respectable medical school, or has a license to practice from some Board recognized by the State Society, or has been a practitioner for at least fifteen years; and who, moreover, is in good moral and professional standing in the place where he resides, and is a regular practitioner.

"Any Physician who shall procure a patent for a remedy, or instrument of surgery, or who sells or deals in patent remedies or nostrums, or who shall enter into a collusive agreement with an apothecary to receive pecuniary compensation or patronage, for sending his prescriptions to said apothecary, or who prescribes a remedy without knowing its composition, or who shall hereafter give a certificate in favor of a patent remedy or instrument, shall be disqualified from becoming or remaining a member of a County Society.

"As soon as a County Society is organized, the Secretary thereof shall transmit to the Censors of the district, two copies of their rules and regulations, with the names of the officers and members; and as soon as one of the said copies is returned with the approval of the said Censors, or a majority of them, the Society shall be authorized to elect one delegate to the State Society for every five of its members, and one delegate where the Society does not consist of five members."

Further information, on the subject of organization in this State, can be obtained by addressing the Permanent Secretary of the State Society, Dr. W. B. ATKINSON, 215 Spruce street, in this city.

Notes and Comments.

Chorea.

Dr. SAMUEL E. WILLS, of Cecilton, Maryland, says: I write for the information of your correspondent who asks, "How shall I treat Chorea?" I have treated two cases successfully with arsenic, tr. assafetida, and infusion of cimicifuga racemosa.

With my first case I went through the same tribulation as your correspondent, using everything suggested by a rational view of the case, recommended by "the books," with the same negative result, till I hit upon the remedies named. In the second case I began at once with the remedies, and in a short time had the satisfaction to see the patient restored to health. They are the only cases I have met with in a practice of over twenty years. Both patients were children of twelve or fourteen years of age; one male and one female. Both are now living, and are in excellent health. The proportions were:

R. Liq. potassæ arsenitis, gtt. iij.
Tr. assafetidæ, gtt. xx.
Infus. cimicif. rac., f. ʒij.

Ft. haust. Take three times daily.

Dr. W. W. ALEXANDER, of Athens, Tennessee, writes: In reply to the query of a correspondent, contained in the last number of your journal, "How shall I treat Chorea?" I would suggest the following:

R. Strychniæ sulph., gr. 1.12, in solution.
Quinæ sulph., gr. ʒi., } with sugar from
Ferri subcarbonas, gr. ij., } a spoon.

S. To be taken morning and evening, in conjunction with cold *douche* to the spine, followed with dry friction. Active out-door exercise, horseback to be preferred—as much as may be taken without fatigue—and a generous diet.

If there is reason to suspect the complication of worms, precede the above with:

R. Santonin, gr. ij.
Hydr. chlor. mite, gr. iij. M.

Royal College of Physicians and Surgeons,
Kingston, Canada.

The Medical Faculty of Queen's College has been incorporated under the above designation, with independent powers and privileges. It commences its thirteenth session on Wednesday, Oct. 3d. The following is the Faculty:

1. Principles and Practice of Surgery, JOHN R. DICKSON, M. D.

2. Theory and Practice of Medicine, FIFE FOWLER, M. D.

3. Obstetrics, and Diseases of Women and Children, MICHAEL LAVELL, M. D.

4. Forensic and State Medicine, RODERIC KENNEDY, M. D.

5. Institutes of Medicine, DONALD MACLEAN, M. D.

6. Anatomy, MICHAEL SULLIVAN, M. D.

7. Chemistry, RICHARD A. REEVE, M. D.

8. Materia Medica and Pharmacy, RODERIC KENNEDY, M. D., assisted by HENRY SKINNER, M. D.

9. Practical Anatomy, JAMES NEISH, M. D., Demonstrator.

10. Botany, THOMAS R. DUPUIS, M. D.

Dr. DICKSON is President, and Dr. FOWLER Registrar of the College.

New Subscribers.

We are cheered with large accessions of new names to our subscription list. Many of our old subscribers have interested themselves in extending our circulation in their immediate neighborhoods. The States of Iowa, New York, Mississippi, and South Carolina, seem to take the lead in adding names to our list. This is certainly very encouraging, particularly at this season, when the general complaint is that business of all kinds is "flat, stale, and unprofitable."

Surgeon-General Barnes.

We are sorry to learn of the dangerous illness of Surgeon-General BARNES. A dispatch on the 10th inst. from Chicago to Ass't Surgeon-General CRANE, requested his immediate attendance on Dr. BARNES.

We notice in the last Commencement Exercises of Lafayette College, Easton, Pa., that the honorary degree of M. A. was conferred upon Dr. DANIEL HOLMES, now of Elmira, N. Y., but for many years past a resident of Bradford co., Pa.

Correspondence.

FOREIGN.

DUBLIN, August 25, 1866.

Cholera.

EDITOR MEDICAL AND SURGICAL REPORTER:

Cholera! Cholera! Nothing but cholera! We hear of nothing else but cholera! No one thinks of devising new modes of treatment for anything but cholera! In fact, we are altogether taken up with the prevention, cure, and pathology of the Asiatic pestilence. As usual, everything has been tried, and everything failed to stay the terrible disease. We have had stimulant treatment, eliminative treatment, and specific treatment—all with the same results. Castor oil, so much boasted of, of late, has had a fairer trial than in previous epidemics, and apparently with no better success. Opium, capsicum, CONDY'S fluid, camphor, (which they do not seem able to get down the patient's throat, all the camphor being precipitated, upon contact of the strong tincture with the mucous membrane of the mouth, and having to be *mopped* off to get it out of the way!) Chlorodyne and carbolic acid have all had their trials, and all seem to have the same results; however, time will tell which is the best. Hypodermic injections have been tried, but with no valuable results. The newest remedy I have heard of is tincture of Indian hemp. As the cholera does not afford much valuable information, and as everything else seems neglected for the time, I shall give you a something about

Medical Education.

You very justly, in your issue of July 28th, give medical education in this country a severe cut, taking for your text the statement of Dr. PARKES, concerning the ignorance displayed by certain candidates at the late army examinations. Although, of course, such gross ignorance occurs in very exceptional cases, yet it can scarcely be wondered at that you condemn a system which could permit such men ever to have a diploma at all. Perhaps it may not be inopportune to give you an account of the present system of education followed in these countries. The education of a medical man in these countries may be considered to consist of three portions: 1st. The obtaining of a preliminary education; in fact, a proper general education. The proficiency in this department is tested by preliminary examinations, held at stated intervals by the several licensing bodies to be mentioned presently.

2d. The obtaining a professional education,

which must extend over a definite period, and cannot be commenced without having previously passed a preliminary examination in general education. This consists of lectures, attendance upon hospitals, etc., and must be pursued at a recognized and duly licensed medical school.

3d. The obtaining of a diploma, licensing its holder to practice medicine, and entitling him to have his name placed on the general register as a duly qualified practitioner.

There are altogether in the United Kingdom nineteen licensing bodies, namely: In England—the Universities of Oxford, Cambridge, London, and Durham, the Colleges of Physicians and Surgeons, of London, and the Apothecaries' Company. In Ireland—the University of Dublin, the Queen's University, the Colleges of Physicians and Surgeons, of Dublin, and the Apothecaries' Hall. In Scotland—the Universities of Edinburgh, Glasgow, St. Andrews, and Aberdeen, the Colleges of Physicians and Surgeons, of Edinburgh, and the Faculty of Physicians and Surgeons, of Glasgow.

As all the bodies, except the Universities, depend altogether for their incomes upon the fees paid by candidates upon taking their diplomas, it follows that there must be great competition among them as to which shall obtain the greatest number of alumni, and as there is a great difference between the scales of fees and the standards of examination, the poor student is naturally attracted by the lowest fees, and the stupid and idle student by the lowest standard of examination. These conditions, reacting upon the licensing bodies, induce them to lower their standards of examination and their fees, with a view of inducing the students to join their bodies. We have thus "the competition for the sale of diplomas" (as SIR DOMINICK CORRIGAN expresses it) established, which has tended so much to lower the status of medical education in these countries. Fortunately, the public soon find out the good men from the bad, and the public service have established a test examination for admission into their ranks. In order to remedy this state of affairs, it has been proposed to establish one standard examination for all, the diploma obtained by pursuing which would be a certain certificate of fitness for practice. This license would be manifestly a very unjust proceeding, with regard to those bodies who have exercised faithfully their public trust, and licensed none but properly qualified men.

We can scarcely hope for any comprehensive measure to clear away this evil, except such as will enforce a rigorous course of education, both

preliminary and professional, with tests at intervals during the period of education, independent of the licensing bodies. At present the passing of the preliminary examination is a mere form, and there is no proof of the proper general education of a medical man, except his holding a degree from one of the Universities of Oxford, Cambridge, or Dublin, as these bodies grant degrees in medicine to those alone who have already graduated in arts. The attendance on professional lectures, although pretty well enforced, does not insure that the pupil carries away a fair share of the information imparted by his teacher. The result is, as you well know, that men, lamentably ignorant of their profession, occasionally turn up, bringing disgrace upon the whole medical profession in the British dominions.

The British Medical Association.

The Annual Meeting of the British Medical Association was held last week at Chester, which, being a place easy of access, the meeting was numerously attended by the members of the profession. A considerable gloom was cast over the meeting, by the absence, for the first time, of Sir CHARLES HASTINGS, the founder of the Association, whose death was a source of grief to all who were accustomed to see him attending, and taking an active part in the proceedings of the annual meetings, and whose endeavors to raise the status of the profession, and to promote union and concord among its members, made him so justly respected by all of us. The limits of space prevents my giving you as full an account of this meeting as I could wish. Many important questions were discussed, especially the cause and nature of pyæmia, in fact the discussion upon this point tended much to shake the belief in the purulent infection of the blood. The address in medicine was delivered by Dr. HUGHES BENNETT, of Edinburgh, and in surgery by Mr. BOWMAN, of London. In due time you will see these valuable addresses reported in the columns of our medical journals. The next meeting of the association will be held in Dublin, under the presidency of Dr. STOKES.

W. T. G.

DOMESTIC.

Vaccination.*

As the result of my experiments and observations on the subject of vaccination and vaccine matter, I have come to the conclusion that the only test of non-susceptibility to small-pox is in non-susceptibility to vaccination—and by repeated re-vaccinations the system is placed per-

fectly out of danger. That in most cases two vaccinations will produce this immunity. Many cases will require three or four re-vaccinations.

That the prophylactic effect of vaccination cannot be judged of by the appearance of the cicatrice, nor by the time at which vaccination was performed, nor by the constitutional effect (chill or fever) supervening during the maturation of the pustule; and lastly, that kine-pox is a specific disease, and is only allied to small-pox in the same relation that an antidote is allied to a poison, and by no process yet discovered can varicellous matter be converted into vaccine.

These conclusions I consider fully warranted by my experiments conducted in 1854 and 1855, an account of which was published in your valuable journal of April 1st, 1865.

SAMUEL E. WILLS, M. D.

Cecilton, Md., Sept. 1st, 1866.

Cholera in Iowa.

EDITOR MEDICAL AND SURGICAL REPORTER:

We are in the midst of a wild excitement in regard to cholera. The cholera is undoubtedly prevailing to an alarming extent in St. Louis. There are intelligent men, old residents of St. Louis, who declare that there have occurred five hundred deaths a day some days. It subsided somewhat, but is now on the increase, it is stated. Every boat up the river becomes a floating house of pestilence, and every island from St. Louis to St. Paul is a graveyard. So much so that all the boats, on this part of the river at least, are withdrawn.

Some two weeks ago, a man was taken off a boat here in a state of collapse, and died. There was no other appearance of it here until August 29th, when a man, who came up the river, had a mild attack and recovered. Saturday night, Sept. 1st, I was called at 10, P. M., to see a lady, an old resident of the town. At 7, P. M., she had a mild diarrhoea, and was on the street. I found her in a state of collapse, and she died at 3, A. M. At 10, Sunday morning, two children in the same tenement were attacked, and were in a state of collapse before 12, M., and died at 8, P. M. In an adjoining house two cases occurred with the same result. A third case was milder, but died to-day, Sept. 6th. The husband of the lady that first died, was hurried to the country Sunday afternoon, but was taken on the road, and died in the evening.

The father of the two children was taken down at 8, P. M., Wednesday, the 5th, and was in collapse at 10, P. M., and died at three this morning. The mother began to show symptoms

* Extract from a business letter.

of the disease this morning, and notwithstanding all our appliances from the outset, died at six this afternoon.

Thus far there have been nine residents of the town attacked, and nine deaths. Six in one tenant-house, and three in another. Six Sept. 2d, and three Sept. 6th.

There is not much sickness in town, and no disease having a cholera character. The weather is cool, and we hope that it may spend its force in one locality. I hope to give you a full account soon, as I think there are certain peculiarities attending the epidemic.

P. J. FARNSWORTH, M. D.

Clinton, Iowa, Sept. 6th, 1866.

Medical Properties of Santonin.

EDITOR MEDICAL AND SURGICAL REPORTER:

Having used santonin exclusively as a vermifuge the past twelve years, I must agree with Dr. McELROY, of Zanesville, Ohio, to its being certainly the "vermifuge of the *materia medica*." I have always been of the opinion that its medical properties depended on mechanical action. To prove this, the crystals were reduced to a very fine powder, and given to patients in this form. In no instance have I found it expel worms. Santonin, given in too large doses, colors the urine a deep-red. Other effects than this I have not noticed.

In children under five years of age, I give it thus:

R. Santonin,	gr. v.—x.	
Hydr. chlor. mitè,	gr. x.—xv.	
Sacch. alb. pulv.,	gr. x.	M.

in teaspoonful of milk or scraped apple, on going to bed. When there is diarrhoea, it is given as above—minus the calomel. Beyond this age, I combine it with pulv. rhii, grs. x.—xv., mixed with molasses. In obstinate cases of *ascaris vermicularis* in the rectum, it is an excellent remedy, given morning and evening for two or three days. In those cases I give it uncombined with any other medicines. In an adult patient affected with the thread-worm, I gave santonin in ℞j. to ʒss. doses, with great relief, when all other remedies applied heretofore proved useless.

L. B. BALLIET.

Unionville, Lehigh co., Pa., Sept 3, 1866.

— Profs. C. L. FORD, and S. G. ARMOR, of the University of Michigan, have accepted chairs in the Medical Department of the University of Louisville; the former, that of Anatomy, the latter that of General Pathology and Therapeutics.

News and Miscellany.

Report of the British Commissioners to the Cholera Conference.

We are indebted to the polite attentions of Dr. WILLIAM MARSDEN, of Quebec, Canada, for an early copy of a communication from the British commissioners to the Cholera Conference, which met at Constantinople in May, to their government. The conclusions arrived at by the Commission were published in the REPORTER for August 25th, p. 182.

The views of the Commissioners in regard to quarantine are almost identical with those advocated by Dr. MARSDEN, and carried out so successfully for so long a time at the port of New York. They say:

"It seems to us that in the case of ships of passengers arriving from infected neighboring ports, the following measures might advantageously be adopted:

1. No persons should be allowed to land previous to efficient inspection by medical men appointed for the duty.

2. The healthy passengers should be removed from the ship, and isolated for a period which need not exceed five days, at the end of which time they should be again inspected, and if found without choleraic symptoms should receive *pratique*.

3. All persons with cholera or diarrhoea at the time of arrival, or at any period of the detention, should be isolated from the rest, and removed to a separate place. Cases of diarrhoea should be retained under observation until the diarrhoea is cured, or until the medical officer in charge is satisfied, from the features of the disease, that it is not of a choleraic nature.

We think that the time of observation in such cases of diarrhoea should not be less than eight days from the commencement of seclusion.

Persons having a medical certificate of being sufferers from chronic or symptomatic diarrhoea should follow the rule of the healthy, subject, however, to the discretion of the medical officer in charge.

As the time occupied in the voyage between England and the neighboring ports is short, we have not included it in the period of observation.

We further think that the complete disinfection of the effects of persons coming from contaminated places should be insisted on, and that the period of isolation of the persons should be from the time that they are separated from their suspected property.

All persons (including medical officers) employed in the Quarantine Department who in any way come in contact with the ships, passengers, crews, or effects, that have arrived from contaminated places, should follow the same rules as the arrivals themselves.

With respect to persons detained in the sick departments of the quarantine stations, the de-

struction or disinfection of all articles used by them should be imperative.

The application of chemical disinfectants to the discharges, the disposal of these below the surface of the soil, if on shore, and beyond the possibility of contaminating water used for drinking purposes, are indispensable.

The above measures would require the following conditions at each quarantine station:—

1. An establishment for the reception of the healthy, capable of completely isolating successive parties of arrivals in distinct classes, well separated from each other.

2. An establishment for the reception of the sick, with an isolated convalescent establishment.

Each of the above should be provided with latrines, having moveable receptacles, which should be daily emptied and purified.

3. An establishment for the purification of effects.

The establishments required would certainly be large, but a small number of them placed on a few points of the coast would suffice, if all ships carrying passengers from infected ports were made to pass through them before receiving free pratique.

We consider that islands lying at some distance from the coast would be the most desirable spots for the institution of quarantine stations. On these, wooden—or, still better, iron constructions might be rapidly raised. In summer weather isolated camps, with tents, might be formed.

In the event of islands not being available, it would be well to select some place on shore capable of complete isolation, and at a considerable distance from any inhabited quarter, or hulks moored at some distance from the land, but never within rivers. It will be obvious that several ships at each station would be necessary for the efficient working of the plans proposed.

The principle of isolation, adapted to special circumstances, should, we think, be carried out within the country when the disease has found a footing on shore.

We cannot too strongly urge the necessity of excluding from workhouses and general hospitals any forms of choleraic disease.

The sick poor should be cared for in special and isolated institutions.

We have based the suggestions which we have taken the liberty of submitting to your Lordship, upon the supposition that all the agents employed shall be of an intelligent and upright class; that they shall be specially instructed to watch attentively, and without exciting their suspicion, the persons placed under observation, and report to the medical officers every visit made by any one to the latrines. Without the aid of intelligent and trustworthy agents, it would hardly be possible to limit safely the period of observation to so short a time as above stated.

While convinced that all personal effects should be thoroughly disinfected, we do not think it necessary to extend the measure to mails or to ordinary merchandise.

At this distance we forbear to enter into the question of the possibility of practically enforcing the foregoing measures for general passengers

in the narrow seas, though, if applied, we do not doubt of their advantage in a medical point of view. We feel confident, however, that they could be readily carried out in the cases of masses of persons, as in those of the German emigrants who conveyed the disease from Rotterdam to Liverpool.

We also abstain from entering into special details upon measures of restriction and matters of general hygiene, which we consider are none the less called for because we hold the disease to be capable of transmission.

We therefore limit ourselves to repeating generally that, whatever other important measures are taken, among the most essential should be reckoned, at all times and in all places, those which recognize the possible communicability of the disease; the necessity of complete isolation of all choleraic patients from healthy individuals; the destruction or disinfection of all wearing apparel that may have been in any way contaminated by the sick; the complete disinfection by chemical means, of all discharges derived from them; the evacuation, if possible, of contaminated ships and habitations of all kinds, and their complete purification.

We beg to observe that, while recognizing the communicability of cholera, we consider that, with due precautions as to ventilation, scrupulous cleanliness, and attention to the disposal of the clothes and other effects, and of the discharges of the sick, the patients can be handled without undue risk to those employed, and that, therefore, nursing in cholera is less dangerous than in some other contagious disease.

We are well aware that measures similar in character to those which we suggest have already been recommended by Dr. Budd and others.

We do not, therefore, present them as new; but having had the honor of being appointed by your Lordship to attend the Cholera Conference, the main object of which is to prevent the spread of the disease, and having been obliged by the nature of our duties here to direct special attention to all that relates to it, we hope that we shall not be considered as going beyond our province if, in this actual crisis, we add our voices to those who advocate restrictive measures, and state our conviction that these would be most effective in their result if employed early with vigor and completeness.

We have, etc.,

(Signed)

W. STUART.

E. GOODEVE.

E. D. DICKSON.

Gas Explosion in a Physician's Office.

The Rochester New York *Democrat* states that an accident occurred in that city recently, at the house of Dr. FLEMING, which, though not attended by fatal consequences, was only prevented being so by the merest chance. Pure oxygen gas, which is inhaled for the relief of lung diseases, has usually been generated in a large iron retort over a spirit lamp. Last night, however, the students in the office undertook to use a small gas stove, to make the gas more quickly by means of a fiercer heat, and the heat soon became so great that the gas was evolved faster

than it could pass into the gasometer, which caused an explosion, blowing out the bottom of the retort, and throwing the retort itself through the ceiling and into the parlor above, tearing up planks and plastering, and breaking to fragments a chair standing there, and doing other injury to the room. The furniture of the back office, where the explosion occurred, was broken to pieces, and the glass blown out of the window. A large quantity of bottles in a medicine closet close by were thrown to the floor and completely demolished by the concussion of the air. Fortunately, no one was in the office at the time, or in the parlor above, although some members of the family had been in both places hardly an instant before the explosion took place.

American Pharmaceutical Association.

The Association met this year in the city of Detroit, on the 22d of August, and it is represented by persons who were present that the meeting was one of unusual interest. We are able this month to give only a short notice of the proceedings.

Prof. PROCTER, Jr., of Philadelphia, from the committee on the nomination of officers for the next year, presented the following list, which was accepted, and the nominations duly ratified by the Association, the following being declared the officers for the years 1866—7.

President—FREDERICK STEARNS, Detroit.

Vice-Presidents—EDWARD PARRISH, Philadelphia; E. H. SARGENT, Chicago; JOHN W. SHEDDEN, N. Y.

Treasurer—CHARLES A. TUFTS, Dover, N. H.

Permanent Secretary—JOHN M. MAISCH, Philadelphia.

Executive Committee—T. S. Wiegand, Philadelphia; William Wright, N. Y.; Albert E. Ebert, Chicago; W. J. M. Gordon, Cincinnati; John M. Maisch, Philadelphia, Permanent Secretary, *ex-officio*.

The following standing committees were also declared duly elected for the ensuing year:

Committee on the Progress of Pharmacy—C. L. Dieul, Louisville, Ky.; Ferd. F. Mayer, N. Y.; G. F. H. Markoe, Boston, Mass.; E. L. Massot, St. Louis, Mo.; P. W. Bedford, New York.

Committee on the Drug Market—William Brewer, New York; Evan T. Ellis, Philadelphia; Henry W. Fuller, Chicago; J. Jacob Thompson, Baltimore; Samuel W. Colcord, Boston.

Committee on Scientific Queries—William Procter, Jr., Philadelphia; Samuel P. Duffield, Detroit; Edward Parrish, Philadelphia; R. N. Stabler, Alexandria, Va.

Business Committee—Dr. E. R. Squibb, Brooklyn, N. Y.; George C. Close, Brooklyn, N. Y.; Robert J. Brown, Kansas.

Committee on the Pharmacopœia—Dr. E. R. Squibb, Brooklyn, N. Y.; A. B. Taylor, Philadelphia; William Procter, Jr., Philadelphia—*Druggists' Circular*.

Pension Examining Surgeons.

Maine—Dr. J. H. KIMBALL, Bridgeton.

Massachusetts—Dr. EBENEZER HUNT, Danvers.

District of Columbia—Dr. S. D. RADCLIFFE, Georgetown.

— The two medical schools of Louisville have been merged into one—the old University School; the Faculty of the Kentucky School of Medicine having accepted positions in it.

— SPECIALTIES in France are well Established. Physicians there recognize the vastness of the field of inquiry, and the impossibility of teaching or learning thoroughly without dividing up the work. They have professors and lecturers on skin diseases, on diseases of children, on nervous complaints, on diseases of the eye, on suckling, and abdominal diseases.

— VIRUS OF TUBERCLE. A Prussian professor has inoculated rabbits with the matter of tubercle taken from the human subject, and found the organs of the animal studded with tubercles in two months. The matter of choleraic dejections produced no effect. He concludes that tuberculosis belongs to the class of diseases called virulent, and should be placed on the same line as syphilis, though more nearly allied to glanders.—*Pacific Med. and Surg. Journal*.

— DEATH BY ELECTRICITY. The rats in the Parisian sewers are being killed by electricity. Wires insulated by glass feet, and connected with a strong galvanic battery, are hung with little pieces of roast meat at short intervals. The rats, by nibbling at the bait, bring down the galvanic shock with terrible power upon their bodies, and death is instantaneous. What are the post-mortem appearances?—*Lancet*.

— M. JULES SIMON, in his new work "*Le Travail*," states that at Jelle and Rouen there are some women so saturated with intoxicating liquor, that their infants refuse the breast of a sober woman. In the mountains of the Vosges the infants drink brandy.—*Lancet*.

— The *New York Medical Journal* (monthly) has passed into the hands of BAILLIÈRE BROTHERS.

— Dr. C. C. Cox, of Baltimore, Md., now in Europe, we learn from the *British Medical Journal*, attended the recent meeting of the British Medical Association, as a representative of the American Medical Association.

Army and Navy News.

NAVY.

List of changes, etc., in the Medical Corps of the U. S. Navy, for the week ending September 8th, 1866.

Passed Assistant Surgeon A. B. Judson, detached from the U. S. Ship Muscota, and placed on waiting orders.

Acting Assis't Surgeon Geo. E. Parsons, detached from the U. S. Ship Yantic.

Acting Passed Assistant Surgeon G. L. Simpson, ordered to duty on board the U. S. Ship Yantic.

MARRIED.

BROWN—JAUNCEY.—September 5, at the Church of the Messiah, Brooklyn, by the Rev. Wm. B. Frost, Frank T. Brown and Mary Eugenia Jauncey, daughter of the late Joseph Jauncey, M. D., of Westport, Conn.

DOWN—BOGGS.—On the 4th instant, by Rev. M. H. Sisty, at the residence of the bride's father, Edward Down, M. D., and Sallie R., daughter of George Boggs, Esq., all of this city.

EVEREST—FORT.—September 6th, at the residence of the bride's father, New Egypt, N. J., Rev. Asa R. Everest, of Sparland, Ill., and Miss Anna Mary, daughter of Hon. George F. Fort, M. D.

GERHARD—PILRAM.—On the 4th of September, at the Fifth German Reformed Church, by the Rev. S. H. Giesey, Dr. A. S. Gerhard and Miss Amelia J. Pilgram, both of this city.

DIED.

DE BENNEVILLE.—On the 5th instant, James S. De Benneville, formerly Surgeon 11th Pennsylvania Reserves.

At the time of his death Dr. De Benneville was one of the consulting physicians of the Philadelphia Hospital.

HARLAN.—August 23d, Oleita Harlan, daughter of Dr. David and Margaret H. Harlan, of Churchville, Md., in the 18th year of her age.

JOHNSON.—At St. Charles, Mo., July 30, Dr. Oliver C. Johnson, in the 42 year of his age.

LAUNY.—Aug. 11, at Newark, Del., Mrs. Ellen Launy, widow of the late Dr. Alexander Launy, of New Brunswick, N. J.

LUMLEY.—August 25, in Northumberland, Pa., Elijah Peale, youngest son of Dr. E. D. and Jane Lumley, aged 2 years.

TATE.—In this city, September 2d, of convulsions, Lizzie Polk, daughter of Dr. John H. and Maggie C. Tate, aged 5 years.

ANSWERS TO CORRESPONDENTS.

Dr. N. B. R., *Newburgh, Ind.*—Billings' Principles of Medicine is out of print, and cannot be obtained. Dr. COSTA's Medical Diagnosis more than supplies its place. Price \$6, sent by mail.

Dr. C. L. *Woster, Ohio*.—The best electro-galvanic battery we know of is KNOX's six current battery, price \$20. Single current batteries can be procured as low as \$10.

Dr. W. T. G., *Lexington, Miss.*—A curved éraseur, suitable for removing tumors from the cervix uteri, will cost \$20. The price of an ordinary, straight instrument, is \$16.

Dr. E. S. W., *Hion, N. Y.*—A thermometer adapted to testing the temperature of the human body costs \$3.

Dr. J. H., *Rolling Fork, Miss.*—The intercalated Visiting List for 25 patients will cost \$1.25, and for 60 patients \$1.75 to subscribers to the REPORTER. The retail prices are \$1.50 and \$2.00 respectively.

METEOROLOGY.

	August,	27,	28,	29,	30,	31,	S. 1,	2.
Wind.....	W.	S. W.	N. W.	S. W.	S.	S. W.	S.	
Weather.....	Clear.	Clear.	Cl'd'y.	Clear.	Clear.	Clear.	Clear.	
Depth Rain.....		1-10						
Thermometer.								
Minimum.....	50°	51°	60°	60°	60°	65°	68°	
At 8 A. M.....	63	68	66	70	71	73	75	
At 12 M.....	72	72	73	80	83	85	84	
At 3 P. M.....	71	74	75	80	85	87	86	
Mean.....	64.	66.25	68.50	72.50	74.75	77.50	78.25	
Barometer.								
At 12 M.....	30.1	30.1	30.	30.	30.1	30.1	30.	
Germantown, Pa.		B. J. LEEDOM.						

WANTED, BY A YOUNG PHYSICIAN,

A partnership with some older, but respectable practitioner. Best of testimonials produced. Is a graduate of a literary as well as medical college, the latter in New York. Was four years a medical officer in the U. S. army.

Address, "A. M." "M. D."
214 W. Biddle Street,
Baltimore, Md.

SURGEONS OF NEW YORK.

Price \$1.25.

A copy of this work, just issued, containing Biographical Sketches of fifteen Living Surgeons of New York, also a sketch with a fine steel portrait of the late Dr. VALENTINE MOTT, will be sent for one new Subscriber to the MEDICAL AND SURGICAL REPORTER, and \$5.

SUMMER SCHOOL
OF
MEDICINE.

No. 920 Chestnut Street, Philadelphia.

ROBERT BOLLING, M. D., JAS. H. HUTCHINSON, M. D., H. LENOX HODGE, M. D.

EDWARD A. SMITH, M. D., D. MURRAY CHESTON, M. D.,

HORACE WILLIAMS, M. D.

The Summer School of Medicine will begin its second term on March 1st, 1886, and students may enjoy its privileges without cessation until October.

The regular Course of *Examinations* and *Lectures* will be given during April, May, June, and September, upon

ANATOMY,

SURGERY,

CHEMISTRY,

PHYSIOLOGY,

OBSTETRICS,

MATERIA MEDICA,

PRACTICE OF MEDICINE.

The subjects will be studied by the aid of Specimens, Manikins, Demonstrations, and Clinical Examinations of Patients.

Students will be given access to the Pennsylvania, Episcopal and Children's Hospitals. The employment of the Microscope, and the microscopic appearance of the tissues and fluids in health and disease, with the chemical tests and reactions, will also be taught.

FEE, \$50.

SURGERY.

A Course of Lectures on SURGICAL DIAGNOSIS will be delivered by Dr. H. LENOX HODGE, during April, May, June, and September, at the Summer School of Medicine, No. 920 Chestnut Street, Philadelphia.

The history, causes, symptoms, and pathology of Surgical Diseases and Injuries will be carefully studied, and the means of recognizing and treating such disorders distinctly taught.

Instruction will be given in the use of the Microscope, Ophthalmoscope, Otoscope, Laryngoscope, Endoscope, and other specula; in Percussion and Auscultation, and other means now employed for physical examination.

FEE, \$10.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, and in Practical Obstetrics. They will be enabled to examine persons with diseases of the Heart and Lungs, and to attend women in confinement. The class rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text books, etc., will be constantly open for study.

The Winter Course of Examinations will begin with the Lectures at the University of Pennsylvania in October, and will continue till the close of the session.

Fee for Office Students (one year), \$100.

Fee for one Course of Examinations, \$30.

Class Rooms, No. 920 Chestnut St., Philadelphia.

Apply to

H. LENOX HODGE, M. D.,

479—530

N. W. corner Ninth and Walnut Streets.

MEDICAL AND SURGICAL REPORTER.

No. 499.]

PHILADELPHIA, SEPTEMBER 22, 1866. [Vol. XV.—No. 12.]

ORIGINAL DEPARTMENT.

Communications.

BIOGRAPHICAL SKETCHES OF

Distinguished Living New York Physicians.

BY SAMUEL W. FRANCIS, A. M., M. D.,

(Fellow of the New York Academy of Medicine.)

VII.

Ferdinand Campbell Stewart, M. D., etc.

"Cælum non animum."

It being an acknowledged fact in law, that citizenship depends not only on the residence of a party, but his *animus* also, an international courtesy prevents any traveller's being forced to adopt a foreign parent. He is enabled thereby to live in Europe and remain an American.

Dr. STEWART having passed most of his professional life in New York, where he did much for the dignity of his calling, and being obliged by ill health and fiscal duties to live abroad, it may with justice be considered in accordance with ethics to consider him still one of the noble band.

F. CAMPBELL STEWART was born at Williamsburg, formerly the capital of Virginia, August 10th, 1815. His father, FERDINAND STEWART CAMPBELL, was Professor of Mathematics in William and Mary College for twenty years, and was descended from the two noble Scottish families of Argyle and Bute, his ancestors having emigrated to the West Indies about the year 1750. Subsequently they settled in Westmoreland county, Virginia.

Professor CAMPBELL becoming heir of entail to extensive estates in Scotland in 1830, was naturalized a British subject by special Act of Parliament, and, on succeeding to the property, assumed the name and arms* of the "STEWARTS

* The certificate of Dr. STEWART's coat of arms is as follows: "STEWART of Ascoy, descended of the STEWARTS of Bute. Bears, or a fess chequed, azure, and argent, within a border; sable charged with eight mascules of the third. Above the shield a helmet befitting his degree, mantled gules, doubled argent. Next is placed, on a torse, for his crest, a grayhound, couchant, within two branches of bay proper. Motto, "Fide et Opera."
Extracted upon duly stamped paper, conform to law, by me, LYON CLERK DEPUTE, and Depute Keeper of the Records of the Lyon Court.
(Signed), WM. ANDERSON, Lyon Clerk Depute.

At Edinburgh, the third day of March, one thousand eight hundred and fifty-six years.

The "STEWARTS of Ascoy" are registered in BURKE'S British Peerage, under the head of ancient Scottish families.

of Ascoy." Dr. STEWART became the possessor of these by the law of primogeniture, on the death of his father in Philadelphia in 1855.* On the mother's side Dr. STEWART is descended from CARTER BRAXTON, one of the signers of the Declaration of Independence, whose daughter was his grandmother, and married his grandfather, Col. SAMUEL GRIFFIN, of the Revolutionary army, and also a representative, from the State of Virginia, in the first U. S. Congress; his brother, CYRUS GRIFFIN, being at the time President of said Congress. Through this branch of the family Dr. STEWART is connected with the Earl of TRAQUAIR, Lady CHRISTINA, his daughter having married CYRUS GRIFFIN, with whom she came over to this country.† It is also worthy of mention that Dr. STEWART was the third cousin of the late THOMAS CAMPBELL—poet—through the family of ARGYLE, and was treated by him with the kindest consideration during his stay at London.

Dr. STEWART was educated at William and Mary College, under the guidance of his father, an accomplished scholar, and DABNEY BROWN, Professor of Humanity in that Institution. In 1829 he visited Scotland with his parents, and studied under private tutors. He returned to America, and pursued the study of medicine in the office of Dr. THOMAS HARRIS, Surgeon-General of the United States Navy, and was formally graduated Doctor of Medicine from the University of Pennsylvania in 1837. His Thesis was on "Cardiac Sounds," and was written with care. Dr. STEWART almost immediately went again to Europe, and followed out his professional studies at Paris and Edinburgh, from 1837 to 1843, in which latter place he entered the office of Dr. JOHN THOMSON, Professor of Surgery in the University of Edinburgh, and Surgeon-Gen-

* These are to certify, that FERDINAND CAMPBELL STEWART, Esquire, M. D., of New York, the eldest son of FERDINAND STEWART CAMPBELL STEWART, is the direct legal representative of the "STEWART's of Ascoy," as designated by Deed of Entail. Edinburgh, 6th June, 1856.

(Signed), J. GIBSON CRAIG, one of her Majesties Justices of the Peace for the County of Edinburgh.

(Signed), GEORGE DALZIEL, one of her Majesties Justices of the Peace for the City of Edinburgh.

† For an account of this most estimable lady, see "Republican Court," by RUFUS W. GRISWOLD; article, Ladies of the Court of Washington.

eral of the British Army at the battle of Waterloo. Many in this country admire him through his interesting volume on "Inflammation."

When a resident of Paris Dr. STEWART was received into the family of CIVIALE, the inventor of Lithotripsy, who took much interest in affording him every facility in the investigation of those diseases whose seat is in the genito-urinary organs. The friendship formed between these two genial students of science has been maintained to the present time with increasing sympathy. In June, 1838, Dr. STEWART was married at the American Embassy at Paris, by the English Bishop, LUSCOMBE, to EMMA, daughter of the late SAMUEL J. FISHER, of Philadelphia, and niece of Dr. ROBERT M. PATTERSON, so long honorably connected with the United States Mint, as its able Director.

Soon after his marriage Dr. STEWART returned to his native town, and practised with such success, that, at the age of twenty-three, he not only had the largest business in the place, but was consulted by other physicians within a radius of forty miles. Meeting with so happy a course of pleasing results, he decided to visit New York and become a resident practitioner there. But before doing this he paid another visit to France, where he followed out carefully the study of some branches of his profession, which he found he had too much neglected in his former course. He remained in Paris three years, as physician to the United States Legation, at the time General CASS was Minister; during which period he became personally acquainted with the eminent and scientific men of that capital; among whom may be mentioned, VELPEAU, LOUIS, ROUX, AMUSAT, LEROY, BLAUDIN, BRESCHET, DUBOIS, CIVIALE, BÉRARD, BARTH, ORFILA, JOBERT, etc.

In the spring of 1843 Dr. STEWART came to New York, and practised there continuously until 1849, when he was selected to fill an important position under the State government, of which more will be said in its proper place.

During his first year in New York he made an arrangement with the resident physician of Bellevue Hospital, and was accordingly permitted to take charge of certain medical and surgical wards, on condition that he should have the privilege of explaining the cases, in the form of *Clinical Lectures*, to a small class of medical students, who were private pupils in his office. This has since become a principal source of instruction, and is ably carried out by the present visiting Board of Physicians and Surgeons.

In 1847-8, when Bellevue Hospital was filled with typhus fever cases, of newly arrived immi-

grants, and while Dr. REESE was resident physician, Dr. STEWART volunteered his services, a rare act of self-denial at that time, and continued attentive, till, at the end of five months' close attention to the welfare of the crowded patients within the wards, and under temporary huts, he retired, though long before he had been strongly urged to do so by his friends, Drs. MOTT, FRANCIS, and others. At this time he was accustomed to prescribe daily for two hundred dangerously ill patients. Contrary to the fears of those who loved him, Dr. STEWART escaped the disease, though many of the assistants and attendants fell sick, and dropped off continually. This noble deed of kindness has long been remembered by his colleagues, and serves to elevate the name of Doctor; for such acts of devotion inspire the student, while they encourage the sick.

The condition of the institution not being what it should be, this increase of patients magnified difficulties, and rendered more palpable the deficiencies of the present system. The Common Council of New York accordingly re-organized Bellevue Hospital, and appointed a committee of medical men to propose a new and improved plan; of which committee Dr. STEWART was a member. The plan was adopted, and the city authorities appointed a Board of "Visiting Medical Officers," consisting of Drs. WILLARD PARKER, JAMES R. WOOD, ALONZO CLARK, F. C. STEWART, and others. Dr. STEWART soon after resigned.

Although of the Anglican faith, Dr. STEWART was appointed Physician to several of the Roman Catholic charitable institutions of New York, which responsible positions he held till other duties of a more urgent character called him out of the city, when he was obliged to retire, but not before complimentary resolutions had been passed in testimony of his faithfulness.

In 1847 the New York Academy of Medicine was founded, and, to use the words of another, "it is universally admitted that the great success of that favorite Society was principally owing to the exertions made by Dr. STEWART in its behalf." He was the Secretary at the preliminary meetings held by the profession upon the call of the Presidents of the two medical colleges, and the President of the New York County Medical Society. The Committees held all their meetings at his office, where the first constitution was agreed upon; and Dr. STEWART continued to act as Secretary, being re-elected at the annual meetings, as long as he remained in New York. In the face of these facts it is exceedingly singular, that in a recent publication, where a list of the founders is published, his name is omitted with-

out comment. He was three times elected Vice-President, and when the Society went into a "Committee of the Whole," was generally selected Chairman. On three different occasions he was appointed "Anniversary Orator." In 1848-9 he was Chairman of the Committee on "Typhus Fever," during almost a panic in the city on account of this prevailing disease. While holding this position he drew up a preliminary report for the purpose of allaying the fears of the inhabitants, which was unanimously endorsed by the Academy of Medicine, signed by many of the leading physicians of the metropolis, and ordered by the city authorities to be published in all the newspapers.

Dr. STEWART did much to promote the assembling of the National Medical Convention, which held its first meeting in New York in 1846, and met in Philadelphia in 1847, of which last convention he was the efficient Secretary, being chosen also on a committee to draft a constitution, which was adopted, and resulted in the organization of the "American Medical Association," most certainly the leading professional body in the United States. At the meeting of this Association, held in Baltimore in 1848, he was made Chairman of the Committee on Medical Education; and, at the next convention, in Boston, presented an elaborate and voluminous report, embracing statistics and regulations of the medical colleges of the United States, besides furnishing a detailed account of similar institutions in all parts of the world. When this work is perused, and one reflects on the vast amount of correspondence, at home and abroad, with the army and navy surgeons, necessarily the consequence of such an undertaking, the profession may truly be deemed indebted to Dr. STEWART for his zealous endeavors in behalf of his noble calling, and the welfare of his brethren. This may be found published in the second or third volume of the Transactions of the Association.

In 1849, the office of "Physician of the Marine Hospital" on Staten Island, in connection with the quarantine, was inaugurated by the New York State Legislature, and Hon. HAMILTON FISH, then Governor of New York, appointed Dr. STEWART to fill the position. As Dr. STEWART did not personally know the Governor, this cannot be deemed a political move; especially as his choice was due to the earnest solicitations of the most prominent medical men in New York, who asserted that, of all others, he was the best qualified to act in that all-important capacity—on account of his hospital experience. Dr. STEWART accepted the honor conferred on him, and

set to work immediately to reorganize the excellent material and machinery of an institution which at times embraced from a thousand to twelve hundred inmates, with infectious and contagious diseases, under the auspices of the Commissioners of Emigration, who had confirmed his appointment, and defrayed the expenses of all the necessary alterations. The whole responsibilities rested on Dr. STEWART, who continued to meet them till his resignation in July, 1851.

Though the Doctor was enabled to do much good to the suffering, and displayed untiring energy and executive ability, many of his immediate friends regretted the step which he had taken; for it deprived him of the benefit of a great popularity in the city of New York, and an increasing practice, which had already brought in large returns, and numbered many of the first families in the country. On retiring from the Quarantine Hospitals, Dr. STEWART, at the urgent solicitations of his friendly neighbors, remained on Staten Island until 1855, when his father died, a sad circumstance, which required his removing with his family to Europe, where he has since resided, occasionally visiting his native country.

During a genial residence in the Isle of Wight in England, his health, which had become greatly impaired by close attention to the diseased, and constant exposure in the Quarantine, became so "shattered" that his family were seriously alarmed. Change of air was strongly advocated by those who best appreciated his worth. It was during one of these prostrations that he was induced, by the earnest solicitations of his friends, to go as Surgeon on board the U. S. Mail Steamship "Arago," at that time under the command of the late Captain D. LINES, one of the most popular officers in that capacity. A few trips in this vessel brought about a rapid improvement, and rendered sleep, at one time difficult to procure, not only possible, but of comfortable issue; and accordingly, Dr. STEWART made an arrangement with the surgeon of the ship to fill his place for six months, with a view to the practical restoration of his health. His proposition was accepted, and he crossed and re-crossed the Atlantic eight times during the spring and summer of 1860. The result was a complete acquisition of renewed vigor, and immunity from all his former troubles, save an occasional attack of rheumatism, to which he had been subject.*

* Dr. STEWART's health has had many shocks. He has been more or less troubled with rheumatism, and nervous palpitation of the heart; has been threatened with phthisis; and had one copious hemorrhage from the lungs some twenty years

Plain and simple in his tastes, Dr. STEWART has ever been hospitable in manner and strict as to etiquette; being often consulted by his professional brethren as to points in ethics; and was pronounced by the late CADWALLADER COLDEN "the best administrative officer with whom he had ever come in contact." Though his success in life was due to his personal labors, and promotion the result of the efforts of his colleagues, he has ever abjured politics, deeming them far removed from the business of a medical man!

On one occasion, however, before he was married or had entered on the paths of a Doctor's experience, being desirous of having some important business brought before the House of Lords, he became Attaché in London, under ANDREW STEVENSON, who was at that time American Minister at the Court of St. James. Although diplomatic employments were offered the Doctor by the late President TYLER, whose family-physician he was for many years, Dr. STEWART gratefully refused, and has never pursued any other business than that of a physician.

Though not actively engaged in his profession for several years, his interest has not flagged, nor has his zeal in the progress of science abated. He always claims his right of "M. D."

His family consists of one son, born in Paris, 1841, and one daughter, a native of Virginia, in 1839—whose "Easter books," for the benefit of the young, are neat, instructive, full of moral precepts, and a credit to her brain. His receipts the first year in New York were \$60, the last year \$6000—equal to \$12,000 at the present time. When engaged in his professional rounds, Dr. STEWART preferred lithotropy and diseases of the genito-urinary organs, to any other branch of practice, but has ever been opposed to "specialties." His religious faith is that of an Episcopalian, but he is tolerant to all denominations of Christians.

On writing to ask him his opinion of smoking, I received the following reply: "I am an habitual smoker of cigars, detest the pipe, and have never experienced inconvenience from the use of *mild* tobacco."

Dr. STEWART, when in New York, was continually called upon by brother physicians to attend their patients during sickness or temporary absence from town; and when at times any one would send for him in preference to their "own physicians," he was ever wont to refuse, unless his visit was made in the form of a consultation.

This is a very strong point in favor of any man, for it emanates from a high order of integrity, and is worthy of remembrance. In speaking of this very subject, Dr. J. R. MANLY, an honest, but eccentric and sarcastic physician, made the following remark at an evening party given by my late father, Dr. JOHN W. FRANCIS, after delivering his address before the New York Academy of Medicine at the old Tabernacle: "I have found out why all you money-making doctors select CAMPBELL STEWART to look after your patients. It is because you know he will not steal them from you."

Though Dr. STEWART has lived abroad ever since the death of his worthy father, as he has crossed the Atlantic more than thirty times, (being wrecked at the entrance of Halifax in December, 1853, in the steamship "Humboldt,") it is reasonable to presume that an occasional visit will bring him before his many friends and grateful patients of olden time. He is at present engaged in the study of southern climates, with the view of publishing his observations on some future occasion.

Dr. STEWART is a member of the Rhode Island State Medical Society; Medico-Chirurgical Society of Louisiana; Montgomery County Medical Society, of Alabama; American Medical Association; New York Academy of Medicine; Medico-Chirurgical Society of Edinburgh; Delegate for six years from the New York Academy of Medicine to the American Medical Association, and Delegate from the same to the New York State Medical Society.

HIS WORKS ARE AS FOLLOWS:

1. Translation from the French of "SCOUTETTEN on Club-Foot." With plates. Philadelphia. 1839.
2. "Hospitals and Surgeons of Paris." Pp. 430. New York. 1843.
3. Report on "Medical Education," to the American Medical Association. Published in "Transactions." 1849-50.
4. Anniversary Address to the New York Medico-Chirurgical Society. New York Journal of Medicine.
5. Anniversary Oration before the New York Academy of Medicine. Published by the Academy.
5. Oration (*by written request*) before the Medico-Chirurgical Society of Edinburgh. Published in Edinburgh Medical Journal. 1856.
- Reports, cases, translations, etc., in
7. Transactions of American Medical Association.
8. American Journal of Medical Sciences.

since. He has also had bilious remittent fever, measles, scarlatina, pleurisy, and typhoid fever. His height is 5 feet $3\frac{3}{4}$ inches, and weight 156 lbs. English.

9. Medical Examiner of Philadelphia.
10. New York Journal of Medicine.
11. " " Annalist.
12. " " Medical Times.
14. Edinburgh Medical Journal.
14. And Editor of New York Journal of Medicine. 1844—45.

Dr. STEWART's lectures have been few in number, he never having been a Professor in any College; but in 1844 he gave a few clinical lectures at Bellevue Hospital, to a small class of private pupils, and likewise a short course on Lithotripsy and Diseases of the Genito-Urinary Organs, at his office.

INSTRUMENTS.

1. Dr. STEWART invented and presented to the Royal Academy of Medicine of Paris, in 1843, a concealed bistoury, for operating in strangulated hernia. It was referred for examination to Professor BLANDIN, who died before reporting upon its merits.

2. A modification of LALLEMAND's Porte-Cautique, for cauterizing the neck of the bladder, so as to permit the use of a solid cylinder of nitrate of silver. See American Journal of the Medical Sciences.

3. An instrument for cauterizing the urethra in gonorrhœa, by means of a compressed sponge, catheter, and stylet. Made by TIEMANN, of New York, and extensively used.

CASE OF EPILEPSY TREATED BY BROMIDE OF POTASSIUM.

By JAMES B. BURNET, M. D.,

Resident Physician at Bellevue Hospital, New York.

Martha J. Hughes, aged 20 years, and single, was admitted to Ward 20 of Bellevue Hospital, on April 26th, 1866, with the following history: Father died of heart disease, and mother probably has phthisis: she has three sisters and one brother, all perfectly healthy. No known disease in the family. Up to twelve years of age, she always was a healthy girl, notwithstanding she had been considerably debilitated by measles and intermittent fever previous to this time. At this period, while at the dinner table quietly conversing, she suddenly fell to the floor in a convulsion, and instantly became insensible. Her arms and limbs twitched, and the blood ran out of her mouth, but she cannot tell whether she frothed at the mouth during the paroxysm, or bit her tongue, but the insides of her cheeks felt sore when she recovered her consciousness. One fit followed another until she had had three, lasting altogether about 1½ hours. Since that time—

that is for eight years—she has had fits constantly, never going for more than two weeks without one, and sometimes having three or four in one day. On an average, she has had one or two each week. The fits come on suddenly, without any premonitory signs, and generally last about 15 minutes. After these attacks she has a slight headache, feels sick at her stomach, and sometimes vomits slightly. During each fit a little blood always escapes from her mouth. Since her first fit, her memory has been gradually growing weak, and sometimes it has been impossible for her to recollect the simplest things. Occasionally, after the fits, she would lay stupid, in a heavy sleep, for half a day. She had her menses first when 14 years of age, only once or twice; then they disappeared until she was 18, when she had them for two or three months, and so on very irregularly. Her last menses made their appearance on the 3d or 4th of April. Before this, she had not had them for two months. Her menses are quite profuse, last two or three days, with little or no pain. Bowels are rather costive. She has no trouble whatever with her water.

Present Condition. She has quite a healthy looking countenance, but not a very intelligent expression. Pulse 84, and rather feeble. Temperature of skin normal; hands and feet, however, a little cold. Tongue healthy in appearance. Lungs and heart sound. Urine, after chemical and microscopical tests, is also found to be healthy. No abnormal configuration of the head. Body is well formed. Eyes have rather a dull, leaden look.

The *diagnosis* made was *epilepsia*, and the *treatment* commenced was ten grains of the *bromide of potassium* three times a day, with the following prescription for the proper regulation of her bowels:

R. Podophylli,	gr. viii.	
Aloes soc.,		
Pulv. capsici,		
Extr. conii.	aa gr. v.	M.
Div. in pil. No. X.		
S. One each night.		

May 8th. No fit up to this time, when the medicine is stopped to see what effect it will have upon her.

May 11th. At 5.30, P. M., while walking in the ward, she suddenly fell to the floor in a convulsion, and remained in it for fifteen minutes. She had no warning of its approach. She frothed at the mouth, and acted in a characteristic manner. When she recovered she felt very stupid, and slept for about one hour. The next morning about three o'clock she had another fit, followed

by a severe headache. The medicine was now recommenced. On May 20th she had another slight attack.

May 22d. No more fits. Bowels still rather costive. Strength of the pills slightly increased. Never felt better in her life than she does now. She has been suffering from cramps in the stomach, which were soon relieved by aquæ menth. pip. She is of a very excitable disposition, and quarrels considerably with those around her.

June 9th. Still better. Menses made their appearance on Sunday, June 3d, for the first time in two months, and lasted four days, with a good deal of pain. They were not very abundant. She is taking the bromide of potassium regularly. Her general health seems to be improving.

June 11th. Is doing well. Thinks she is cured, and wants to go home.

June 14th. She has had no fits for over a month until to-day; when, after considerable excitement on the preceding night, upon awaking, she found blood on her pillow, and had a great headache, and for these reasons she presumed that she had had an attack in the night, although she had no recollection of it.

On Saturday morning, June 16th, at 4 o'clock, she had another fit, and between 6 and 7 o'clock, still another. After the last she vomited quite profusely. She was now removed to a more quiet place, away from all excitement, and the dose of the bromides increased to fifteen grains three times a day. She was subjected to the cold shower-bath every morning, put on plain but nutritious diet, took small doses of ferri et quinæ cit. and was kept in the open air as much as possible. Here she did well. She gained flesh and strength, felt more cheerful than she had for a long time, and was much more intelligent than when she entered the hospital. Her memory certainly has improved. She was doing as well as could be desired up to July 23d, only having had one slight attack since June 16th, when her friends came and took her away into the country. Since that time no information concerning her has reached me. No examination of the uterus was made. She stated to me that no other member of the family had ever had similar attacks.

I present the case as illustrating the power of bromide of potassium in restraining epileptiform convulsions. This patient for eight long years has been suffering with from two to four convulsions each week, sometimes more and sometimes less, but during her sojourn in this hospital, for three months, lacking three days, being under my daily observation, and having her medicines administered regularly and with the

utmost care, she has had only seven convulsions, and two of these took place while she was not taking the medicine. Whether the improvement is to be permanent, and the patient to continue to do well, or whether the medicine will, after a period shorter or longer, lose its power, and the old attacks come on as badly as ever, I do not presume to say. I merely state the facts as they are. No other remedy employed faithfully for three whole months in this disease has acted so satisfactorily with me as has the bromide of potassium.

I may state in conclusion, although somewhat a deviation from the general subject, that this medicine is very extensively used in this institution in the treatment of delirium tremens, and in the great majority of cases with the best success. In some of my own cases, given in very large doses, it has acted like a perfect charm, where other remedies have been tried in vain.

CASE OF RETROFLEXION OF THE UTERUS, OF THREE YEARS' STANDING, CURED.

By JOHN H. GRISCOM, M. D.,

Of New York.

In No. 482, May 26, of the REPORTER, are related two cases of uterine flexion, which were remarkable for their extensive and complicated sympathetic effects, one upon the pulmonary and nervous, the other upon the digestive systems; the latter especially notable for the severe dyspepsia and constipation caused by it. In each of those cases, the uterus was restored to its natural position, and all the sympathetic symptoms relieved by very simple means. SIMPSON'S sound was used to reduce the flexion, and this being accomplished, a simple horse-shoe pessary, aided by a continued recumbent posture for a few days, sufficed to retain the organs *in situ* long enough to enable the local tissues to become confirmed in tone, and preserve the organs in place.

Another case which lately came under my care, presented still another variety of sympathetic influences, and a combination of symptoms requiring quite a different course of treatment. The patient, a lady from a distant State, sought my counsel in June last, complaining of great distress in the pelvic region, and great prostration and disturbance of general health. Her age is 27, has been married nine years, and has borne three children, besides having had two miscarriages.

An examination per vaginam revealed a most decided retroflexion, the fundus pressing in upon the rectum to such a degree as to completely

obliterate its cavity, although the uterus presented no evidence of enlargement. It was readily relievable from its position by the finger alone, so far as it could reach, which was of course insufficient to restore it fully to its normal position. Digitation produced considerable pain, in consequence of a marked tenderness of the vaginal membrane, a discouraging circumstance in appearance, as the use of a pessary of any kind requires a healthy condition of the parts, to enable it to be borne with comfort and efficiency. Observation with the speculum, however, revealed nothing more than a slight redness of the parts, unaccompanied with anything like ulceration. There was also a decided relaxation and expansion of the posterior *cul de sac*, which, though favoring the use of a pessary, presented a prospect of such a general relaxation of the tissues as would be likely to delay a permanent restoration of the misplaced uterus.

Encouraged by previous successes to rely upon the efficacy of the horse-shoe pessary, in combination with a continued recumbency of body, after replacing the uterus by the sound, this course was tried for three or four days, but the excessive heat of the weather rendering confinement to the bed almost unendurable, and the enlarged capacity of the vagina rendering the pessary less available than ordinary, it became necessary so abandon that method of treatment.

About a year previous to my acquaintance with the case, it had been treated with the stem-pessary, which, while it remained in its place, of course retained the uterus in proper position, but during menstruation, it became necessary to remove it, thus failing to accomplish the desideratum.

Having become acquainted a short time before with the instrument invented by Dr. BANNING, and examined the variety of forms of his "balance," and their adaptability to different abnormal positions, I concluded to try it, and accordingly selected the one which seemed most applicable to the case in hand.

The first object in all cases of uterine flexion is, of course, the restoration of the organ to its natural attitude, and the maintenance of it therein to enable the relaxed and disordered tissues to recover their tone and contractility, so that when the instrument is removed, the uterus will preserve its natural position. No form of instrument can be relied upon for the *permanent and radical* cure of the disorder, but as the restoration of the position of the organ is the first and essential performance, the choice of the most

available form of instrument for this purpose is a matter of much importance in each case.

In the case under consideration it was found necessary, after a brief trial of that part of the apparatus which lies within the vagina and supports the fundus in its natural position, to change its curve, so as better to adapt it to the relaxed parts, and make a more direct pressure upon the uterus itself. The substance of which the stem of the "balance" is made, (hard rubber,) enables this to be done with very little trouble, so that after a short trial the arrangement was well adapted to the circumstances of the case. Aided by the external supporter, to which the internal balance is attached and by it kept steadily in place, my patient was enabled to exercise herself by walking and riding in a gentle manner, and thus materially aid in the restoration of her general health, which had been for a long time much depressed.

The final result has proved as satisfactory as could be desired. After about six weeks continued use of the instrument, occasionally interrupted by the necessity of its temporary removal for the purpose of applying astringent and soothing injections, the uterus was found to be completely restored to its natural position, and maintained it completely for a fortnight, subsequent to the removal of the instrument, at which time the patient left for her home, with confidence in its continuance.

Injections of tannin in solution, when the parts were most relaxed, and applications of oxide of zinc, dissolved in glycerine, (3j. to the f.3j.) by means of tampons of cotton, to relieve the inflammatory tendency, had the effect desired, while the internal administration of tonics and ferruginous preparations so far restored the patient's general health, as to enable her to take full exercise of body, without any fear of a return of the original trouble.

TRANSFUSION IN ANÆMIA.

By W. W. MYERS, M. D.,

Of Pittsburgh, Pa.

February 5th, 1866. Was called to see Henry, son of Wm. M—, æt. five years, of Wineberry alley. Found him suffering with vertigo, faintishness, palpitation, and an impaired action of the organs generally; especially the stomach and bowels; digestion being deranged, with flatulency, constipation, etc. The face, the hands, and the general surface were pallid, and slightly waxen or icterode in their hue, clearly indicating the presence of general anæmia. Upon auscultating over the pulmonary and subclavian arteries, a

bellowing sound was distinctly perceived, which is to be attributed to a certain diminution in the proportion of the globules. This is due to an impoverishment of these globules, inasmuch as it is not heard when the fibrin alone is diminished in quantity. The patient had been treated for some weeks previously for hepatitis, but the existence of such I was unable to detect. He was placed upon *ferri pulvis*, of which grains three were taken thrice daily, *after meals*, because, as every one knows, the gastric juice of the empty stomach is *alkaline*; during digestion it is *acid*; this acts favorably toward dissolving the iron, while the other renders it inert. A small allowance of wine was permitted, and a generous diet advised. No apparent improvement having taken place by March 27th, the following was determined upon. Having taken some six or eight ounces of blood a few days previously, from a healthy male laboring under plethora, and this blood having been preserved from contact with atmospheric air, it was decided to transfuse a part of it into the patient. Everything being in readiness, the median basilic was freely displayed, and an incision made down to it an inch in length; a probe was then passed beneath it, at the lower part of the incision; a small opening was then made in the vein, immediately beyond the probe, of sufficient size to admit the beak of the syringe—which having been previously warmed—was filled with this blood, it also having been heated to a temperature of about 95°. It was inserted, and Zij injected; it was refilled, and repeated. This quantity was deemed sufficient, for in the extreme feebleness to which the vital action of all the tissues is reduced in cases of protracted anæmia, it is desirable that the supply of blood should be very gradual, lest the action of any vital organ should be impaired by a sudden congestion of its tissue. The greatest possible caution was exercised to prevent the entrance of atmospheric air into the vein, the smallest quantity of which would prove destructive. The expression of the countenance and state of the pulse were carefully watched, but no untoward symptoms arose. A compress and bandage were placed over the orifice, and an opiate administered. The following was ordered:

R. Ferri subcarbonas,	Ziiss .
Ferri phosphas,	Ziss .
Magnesie carb.,	Zii .
Sodii chlorid.,	grs. lxx.
Cretæ prep.,	Ziii .
Aquæ,	f. Zii . M.

Of which a teaspoonful was taken thrice daily. Under this treatment the patient regained his former stamina, and was discharged on May 9th.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
May 30th, 1866. }

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Scirrhus of Lymphatic Ganglions.

James A., æt 42. A large tumor occupies a portion of the parotid region, extending from the angle of the jaw down into the neck, with an ulcer at the inferior extremity. The discharge from the ulcer is thin, watery, and bloody. There is a sense of elasticity about the tumor, which is hard, and immovably fixed in its situation. For the last three months the man has not been able to separate his jaws to take solid food, but he can swallow without any trouble. The pain is of a lancinating character, worse at night and in damp weather. The affection came on without any assignable cause.

Scrofulous disease is liable to occur in this very situation. This man has, however, passed the period of life when it may be expected. It generally occurs in young persons before or soon after the age of puberty. Neither is there present any of the evidences of ordinary scrofulous affections. There is a possibility that a disease occurring in this situation, and with this aspect, might be syphilitic. But there is no syphilitic taint manifest, no affection of the nose, throat, cutaneous surface bones or joints, as there would be if the disease were of this character.

It is exceedingly improbable that an ordinary ulcer should occur in this situation. Neither would it have made such an inroad upon the constitution as has ensued in this case. It has all the characteristics of hard cancer, which commenced in the lymphatic ganglion of this situation. The history, the appearance of the ulcer, and the nature of the pain, all point to the carcinomatous character of the disease. The man is at that period of life in which cancer is apt to appear in both sexes. Age has a great deal to do with the production of carcinomatous disease. Encephaloid is liable to occur at all periods of life, most common, however, between the ages of twenty and forty. Melanosis may appear at any age. Scirrhus rarely comes on until after the age of forty or forty-five; so also with epithelioma. Colloid disease is exceedingly uncommon, having been observed in only a few situations. The pain must be taken into consideration in determining the diagnosis. It is of a short, lancinating, pricking character, shooting with the rapidity of lightning through all the parts, which is precisely what is found in cancer of the mammary gland, lip, or penis.

The nature of the pain is almost characteristic. There is no such pain in scrofulous disease, in ordinary nor in syphilitic ulcer. Then, there is that about the appearance of the swelling which denotes malignancy. There is a discoloration of the skin, the parts are in a state of congestion, the tumor is hard, and the adhesions are immovably fixed. Mere lymphatic enlargement is sometimes attended with a fixed condition of the parts.

The appearance of the ulcer is denotive of malignancy. It is irregular, jagged in its appearance, the surface has no granulations upon it, and the discharge is of a thin, sanious, bloody, or sanguinolent character.

Thus, the history of the case, the eye of the patient, the peculiar character of the pain, the hardness and fixed condition of the swelling, the purplish discoloration of the skin, and the peculiar nature of the ulcer, are all indicative of malignancy, and taken together, they leave the diagnosis of scirrhus in the state of the most perfect certainty.

Having established the diagnosis, the question arises as to what should be done. Is an operation appropriate? Should the parts be excised by the knife, or should some escharotic substance, as the acid nitrate of mercury, nitric acid, Vienna paste, caustic potassa, chloride of zinc, or the actual cautery, etc., be employed, with the view of destroying the parts bodily? No operation is proper here. The knife must not be used. It is too late, no matter how thoroughly the extirpation might be effected. The disease has made its impress upon the system. If the knife were used there would be a speedy recurrence, either at the cicatrice, in the surrounding structures, or in some internal and more important organ. Neither could any good result from the employment of an escharotic, or the actual cautery. Escharotics are of little value in this disease, especially when the mass is of considerable size, because it is impossible to thoroughly remove the affected parts.

All that can be done is to endeavor by constitutional and local measures to improve the general health, by attention to the diet, proper regulation of the secretions and bowels, the use of anodynes, the exhibition of some mild tonic, and by the application to the part of soothing remedies. The nitric acid lotion will be employed, four or five drops to the ounce of mucilage of gum arabic or flaxseed, with a few drops of laudanum, applied by means of patent lint introduced into the ulcer and kept in contact with it, being changed four or five times in the twenty-four hours. The part may be painted with dilute tincture of iodine, which will relieve congestion and diminish swelling. If the discharge be offensive, the permanganate of potassa, chlorinated soda, or chloride of zinc should be used. All the applications ought to be mild.

Such an ulcer as this never furnishes, except under very rare circumstances, healthy granulations, no matter what mode of treatment may be instituted.

Internally, the tincture of the chloride of iron, twenty-five drops three times a day, and one-third of a grain of morphia at night were directed. The diet should be nourishing, consisting of slops, making use of milk, chicken, lamb, or mutton broth; good vegetable soup, and ale or whiskey. If the bowels become costive, a little Rochelle salts should be taken.

James W., æt. 35. He has been blind for ten weeks, in consequence of explosion of gunpowder, imbedding the grains in the skin, and leaving an indelible stain. The rule of practice after such an accident is to immediately dispose

of the grains, picking them out one after another with the point of a cataract needle or a lancet. Some writers recommend vesicating the surface with a solution of corrosive sublimate. This is a very severe operation, and its efficiency is doubtful.

Those grains which pass into the eye should also be picked out, because they are productive of inflammation, and leave an indelible stain.

This case is interesting, because of the injury inflicted upon the eyes. The right eye is completely destroyed. The scar on the face, which is very hard, firm, and tender, everts the lower lid of the left eye, producing ectropion. The lower half of the cornea has a milky spot upon it, while the upper portion is clear, together with a portion of the pupil. It is to be regretted that the milky spot is not on the upper part of the cornea, as the upper lid now covers the pupil. Some of this opacity may be removed by sorbefacient remedies.

The patient was directed to take one grain of calomel combined with one-half a grain of opium twice in the twenty four hours, for a week; at the end of this, one-half the quantity of calomel with the same amount of opium, for two weeks; after that, one-fourth of a grain of calomel and one-eighth of a grain of opium; thus continuing the treatment for six or eight months.

As a local application, nothing perhaps will be better than two drachms of simple cerate to ten grains of the ointment of nitrate of mercury, both well incorporated, to be used upon the lower eyelid every night at bedtime, the object being not to excite the capillaries, but the absorbent vessels.

EDITORIAL DEPARTMENT.

Periscope.

Formation of an Artificial Deltoid Muscle for the Treatment of Luxations of the Scapular Extremity of the Clavicle.

In his "Contributions to Clinical Surgery," published in the *Medical Press and Circular*, Prof. HARGRAVE, of Dublin, mentions the case of a woman, 40 years old, suffering from a well-marked luxation of the external end of the clavicle of the right side, riding upon the corresponding acromion scapulæ, the result of a fall the previous evening on the shoulder. She suffered much pain, and the arm hung useless by her side.

Treatment. A pad was applied in the axilla, and the arm supported in a sling. The following means were adopted by which an *artificial deltoid* was made: broad, and long strips of adhesive plaster were extended, one from the side of the neck down along the great anterior division of the deltoid muscle; another from the base of the scapula along the supra-spinatus fossa over the acromion end of the scapula, covering the middle portion of the deltoid, below its insertion to the humerus; while the third broad slip was applied from the base of the scapula, covering

the posterior and third great division of the same muscle. The intervals in the spaces between the broad slips were covered and supported by narrower and longer slips of adhesive plaster. The patient expressed much ease, freedom from pain, and support to the limb, after this very simple bandage.

From the decided benefit derived from this simple and efficient apparatus, which gave the patient almost complete use of her arm, with the deformity much diminished in four weeks, no other retaining bandage being used, as she was impatient of restraint, the author recommends this plan. The wedge-shaped compress, as used in fractures of the axilla, is first well placed up in the axilla, well supported in it, by broad tapes sewn to it at each superior angle, and carried across to the opposite side of the neck and secured, the inferior portion of it supported against the side of the thorax by a few turns of a single-headed roller. The humerus is then applied close to the trunk, and fixed in position by a roller carried *first behind it to prevent the arm falling forward across the chest*, the elbow to be supported by a few turns of the same bandage, and the hand confined by it to the thorax above the mamma. The next step in remedying the deformity is the application of the adhesive plaster, as already indicated, forming the *artificial deltoid*.

This apparatus, carefully applied, will afford every relief to the patient; at the same time giving him the conviction that the shoulder has regained its normal strength.

The Physiological Properties and Therapeutical Action of Veratrum Viride

Are made the subject of an interesting paper read before the Vermont State Medical Society, as published in their *Transactions*, by Dr. L. C. BUTLER. He sums up the main points of his essay as follows:

1. The tincture made by macerating oz. viii. of the fresh dried root in Oj alcohol for a week, and Thayer's fluid extract, are the most reliable and preferable preparations for its administration.

2. The dose of the tincture is five to ten drops, of the extract two to four drops, varied according to the urgency of the symptoms, the age and strength of the patient, and repeated at intervals of one to four hours.

3. It is not necessary to push the remedy so far as to produce emesis or catharsis. Its full effects are usually reached without either of these results.

4. Veratrum is essentially an arterial and nervous sedative, whether employed by itself or in combination with other agents.

5. It is as safe a remedy as any we possess, only requiring the ordinary degree of caution in its employment, and like the majority of our remedial agents, liable to fail in special cases of peculiar idiosyncrasy or of wrong diagnosis.

6. It is equally applicable in the treatment of low forms of fever, and those of an inflammatory type; in the former it is to be preferred to the lancet, and relieves without depriving the patient of any portion of the vital fluid, while in the latter, the better its remedial properties are

understood, the less frequently will the lancet be employed.

Delirium Tremens—Digitalis—Bromide of Potassium.

Dr. THOMAS LAYTON, in his Paris letter to the *Richmond Medical Journal*, records two observations of the employment of digitalis in delirium tremens, which occurred in VELPEAU's service: A patient, admitted to hospital on account of a diffused phlegmon of the leg, of previously intemperate habits, was taken with violent delirium tremens a few days after admission. Five drachms of tr. digitalis were ordered to be given in twenty-four hours. The next morning the delirium had abated considerably, and the patient had had a little sleep during the night. The same quantity of the tincture was again prescribed, and the succeeding day the patient was found free from delirium, and it was ascertained that he had rested several hours. He appeared dejected, and fearful, but these vestiges of excitement disappeared in the course of the day.

In the second case the delirium was so violent that it was found necessary to apply the straight-jacket. Laudanum produced no effect; pulse 133. Five drachms of tincture of digitalis were prescribed. Twenty-four hours later the delirium had so far subsided as to permit the removal of the straight-jacket. The pulse had gone down from 133 to 68, and the patient had had a good night. There being still occasional incoherency in his answers, the dose was repeated, after which the delirium entirely subsided, and did not return during his stay in the hospital.

Dr. W. S. MITCHELL, of New Orleans, publishes in the *Southern Journal of Medical Science* the clinical report of five cases of delirium tremens treated by bromide of potassium, with good results.

Aconite—Internal Use of.

In its Hospital Reports, the *Medical Press and Circular* illustrates the practice of Dr. PROSSER JAMES, of the internal use of aconite, by several cases; and states, in conclusion, that Dr. J. has thus employed the remedy in several thousand cases of various diseases—mostly those in which there is increase of the heart's action. He employs it frequently as a febrifuge instead of salines, attributing to it the power of reducing the pulse, and relieving the whole brain of febrile symptoms. It is particularly useful as possessing certain anodyne qualities. There are few diseases in which the experiment has not been made. All cases characterized by nervous excitement seem to be benefited. Many forms of palpitation are at once cured. Dr. J. has frequently used it in organic cardiac diseases. In his practice aconite takes the place of digitalis as a controller of the circulation, in addition to the place of salines as febrifuges. The sensation of "pins and needles" shows that the drug is acting on the system, and, on the appearance of this symptom, it should be discontinued, or the dose diminished. It is to aconite what salivation is to mercury, or muscular twitchings to strychnia. Its powerful action on the heart is shown by the rapid fall of the pulse in each of the cases reported.

A Successful Case of Amputation at the Hip-Joint,

For gun-shot fracture of the head of the femur, is recorded by Dr. Wm. A. East, of San Antonio, in the *South. Journal of Med. Sciences*. The patient was a negro man, 25 years old, who had received a rifle shot, the bullet taking effect in the right hip, at the outer and upper margin of the trochanter major protuberance, just at the point of insertion of the gluteus medius muscle; direction inward, and slightly upward, striking the head of the os femoris, and crushing it into small pieces.

Dr. East amputated at the hip-joint, after LARREY'S method. After-treatment, cold water dressing, quiet, an occasional Seidlitz powder, injections, opiates, and strict diet. Recovery was rapid. At the end of six weeks the patient was hobbling about on crutches.

Some fifteen or twenty days after getting up, he was suddenly seized with pain in the stump, attended with shivering; pain extended to the small of the back, and about half way up the spinal column, with a feeling of extreme coldness the full length of the spine. These symptoms continued several months, until February, 1865, when a small pulsating tumor, about as large as a filbert, tense and painful on pressure, was discovered, situated immediately over the last lumbar vertebra. On the fourth day after its appearance it had attained the size of a walnut; still pulsating, soft, but giving no pain on pressure. The tumor was then opened, and the escape of a quantity of straw-colored pus was followed by that of a half-flattened bullet. From this time on the nervous symptoms ceased, and according to last accounts, the patient is alive and doing well.

The Hunterian Ligation of Arteries to Relieve and Prevent Destructive Inflammation,

Is made the subject of a communication by Prof. H. F. CAMPBELL, in the *Southern Journal of the, Medical Sciences*. We some months ago, gave an abstract of cases published by Dr. WRIGHT, in which destructive inflammation, following gun-shot wounds, was overcome by ligation of the main arterial trunk of the affected limb. Prof. CAMPBELL adds seven cases to the number;—four of ligation of the femoral, three of the brachial. From the detailed history of the first four cases, it appears that they were all bordering on gangrene, and, according to common rule, subjects for amputation; but the necessity for the latter procedure was in every instance removed by the happy results of ligation, except in one case where recurrent hæmorrhage supervened on the tenth day after the operation, the inflammation, however, having entirely subsided.

Dr. CAMPBELL states his views with great fairness. He does not recommend the uniform ligation of arteries for inflammation, but concludes: That no hand, wrist, fore-arm or elbow; no foot, ankle, leg or knee, should ever be amputated, for excessive or destructive inflammation, especially those cases resulting from traumatic causes,—without resorting, whenever the state of the patient will admit of it, to a previous experimental

ligation of the artery supplying the affected region. In extremities, he adds, already condemned to amputation, if time be allowed, the procedure can certainly do no harm,—on the other hand, it will often save a useful limb, or, at least, contribute to a more rapid healing of the stump.

Ovariectomy.

Three recent successful cases of ovariectomy, which occurred in the London Surgical Home, under charge of Mr. BAKER BROWN, are reported in the *Med. Press and Circular*. The patients were respectively 35, 31, and 29 years of age. Two presented multilocular tumors, one unilocular. In every case, division of the pedicle was effected by means of the clamp and the *actual cautery*, as recommended by BAKER BROWN. The stay of the patients in hospital after the operation was from four to five weeks.

Another successful case is reported in the *British Medical Journal*. It occurred under the care of Dr. ALFORD, in the Taunton and Somerset Hospital. Patient 38 years of age. In this case the pedicle was secured by a clamp, and also transfixed and tied by a double ligature. Period of recovery ten weeks.

An *unsuccessful* case of ovariectomy is related by Dr. BLACKALL MARSACK, in the *British Med. Journal*. The patient died six weeks and one day after the operation. The following interesting state of things was found on post mortem examination: The external wound had to a great extent healed, but at the lower part, for about an inch, it was slightly gaping, and through this part there was oozing a purulent fluid mixed with faecal matter. Internally, there were adhesions all over the peritoneum; some were old and fibrous, others were more recent, and consisted of yellow lymph. The transverse colon was by these glued perpendicularly alongside of the wound, for about three-fourths of its extent, and here were found two small perforations, through which evidently it was that the faecal matter had escaped, (during the last two weeks.) The uterus was firmly attached to the posterior part of the bladder, and the remaining ovary to the side of the pelvis. There were also numerous small independent abscesses in various parts of the omentum and beneath the peritoneum. One, larger than the rest, contained about half a pint of pus, being beneath that portion which covered the quadratus lumborum, and communicating externally with the wound. The kidneys and other organs were healthy. No bleeding had taken place from the pedicle.

Aphasia.

A case was lately shown, we are told by the *Med. Press and Circular*, before the Soc. d'Anthropol., of Paris, which would seem to lend great support to M. BROCA'S and Dr. JACKSON'S views upon the subject of aphasia. A man was struck with hemiplegia of the left side, without any affection of speech. Two years afterward he had a fit of apoplexy, and this time his right side was paralyzed, and he lost the power of expression. He died, and on examination there

was found: 1st, in the third cerebral convolution of the *right* side a hæmorrhagic cavity in progress of cicatrization; 2d, in the corresponding convolution of the *left* side a recent hæmorrhagic clot; this last having evidently determined the right hemiplegia with aphasia.

Treatment of Burns.

DR. E. MENDENHALL, of Eaton, Ohio, relates in the *Cincinnati Lancet and Observer*, several cases of burns in which great amelioration of the pain and comfort of the patient was produced by the application of one part of spirits of turpentine, with two parts of sweet oil. The soothing effects, following the application of the oil and turpentine mixture, are far more prompt and complete, than any other which Dr. M. has known to be used.

Statistics of Diphtheria.

In the *Transactions of the Vermont Medical Society*, for 1865, Dr. H. F. STEVENS gives some statistics of diphtheria in that State. The total number of deaths from the disease for the consecutive five years given, foot up as follows:

Years,	1858	1859	1860	1861	1862
Deaths,	14	60	212	441	818

The increase of the disease was in the following ratio: In 1858, less than $\frac{1}{4}$ of 1 per cent. of the deaths. In 1859, less than 2 per cent. In 1860, nearly 6 per cent. In 1861, over 11 per cent. In 1862, nearly 18 per cent.

Reviews and Book Notices.

A Treatise on the Origin, Nature, Prevention and Treatment of Asiatic Cholera. By JOHN C. PETERS, M. D. New York: D. VAN NOSTRAND. 1866. 12mo., pp. 162. Price, \$1.50.

Epidemic Cholera: Its Pathology and Treatment. By A. B. PALMER, M. D., Professor of Pathology, Practice, and Hygiene, Univ. of Michigan; and of Pathology and Practice, Berkshire Med. College, Mass. Reprinted from the *Detroit Review of Medicine and Pharmacy*. Pamphlet, pp. 33.

A Letter to the Consulting Physicians of Boston. By WILLIAM READ, M. D., City Physician. 1866. Pamphlet, pp. 29.

A Catalogue of Medical Works on Cholera, in the Library of J. M. TONER, M. D.; Washington, D. C.

There are some questions which will never be decided in this world, if even in any other. MILTON describes the fallen angels as debating, without end, on "free will, fixed fate, foreknowledge absolute." So, while there is a profession of medicine, there is likely to be a debate upon the contagion or non-contagion of cholera. In vain are facts acquired toward its settlement; for all such facts are thought capable, by oppos-

ing reasoners, of either explanation. For example; the notable exemption of all the cabin passengers on three vessels, within the last year, infected with cholera, (Atalanta, England, and Virginia,) while it was raging in the steerage, has appeared to some as a most cogent disproof of contagion, or easy transportation by persons in any way. Dr. PETERS, however, in the treatise above named, argues, after Dr. SAYRE, that it shows the incapacity of the *wind* to carry the poison, and thus helps the reasoning in favor of personal transportation! So, likewise, the famous outbreak of cholera on the *Swanton*, in 1848, twenty-six days out at sea, has been by non-contagionists regarded as an *instantia crucis*, proving atmospheric migration of the cholera cause, the interval being too long for the incubation of a latent contagion. But, again, Dr. PETERS remarks, as to this case, that "there is reason to believe that the period of incubation is longer than it had been supposed." While Calvinism and Arminianism lasts, then, we may expect both sides of this controversy to have zealous, industrious and able advocates.

But for the immense inconveniences of quarantine restrictions, it might with but little regret be left unsettled; as, in regard to local and personal cleanliness and disinfection, both theories point the same way. It will certainly be very difficult for any mind to escape the admission, that, in the late, still existing, epidemic in this country, *local sanitary measures* have had a paramount influence in retarding and diminishing its violence. And, on the other hand, the most urgent advocate of quarantine may well reflect on the difficulty of proving that the "cholera always comes to our cities by ships," when it has been officially announced, (by Dr. E. HARRIS, last month,) "that the shipping and wharves of New York and Brooklyn, together with all buildings and districts in the immediate vicinity of the commercial wharves, remain entirely free from cholera; and that scarcely a seaman has yet been attacked with cholera, and that the chief resorts of seamen are comparatively free from the malady."

The publications mentioned at the head of this article, are probably the last upon this subject which this season will produce. Dr. PETERS' is a carefully prepared book, with a great deal of information upon all topics connected with cholera. Its interest is much increased by the fact that its author was formerly a leading homoeopathic practitioner in New York, but several years since abandoned that system, and is now acknowledged by the profession as a regular prac-

tioner. His testimony is very direct and important, upon a subject which needs clearing up in the public mind; the actual record of the results of homœopathic treatment in cholera. Thus, he states, on the authority of *Ruckert's Clinique*, or collection of all homœopathic cures reported in or translated into the German language, from 1822 to 1850, that the homœopathists depended on thirty-five remedies in cholera, of which twenty-two are "not homœopathic in any sense, but act as alterative or antagonistic medicines." With the peculiarly homœopathic remedies, as tartar emetic, croton oil, and elaterium, Dr. PETERS also says, the regular school have made more experiments than the homœopathists themselves. He considers that "it is fair to assume all the so-called cures of cholera, with homœopathic doses of 'allopathic' remedies, to have been merely recoveries." The following is his concluding statement:

"We are not in want of remedies against diarrhœa and simple cholera. It is in the algid, ataxic, and full collapse cases that help is required. In these forms FLEISCHMAN and TESSIER, who have had the largest homœopathic hospital experience, say that homœopathy is comparatively powerless. FLEISCHMAN says he has tried every remedy again and again, but has little to say in praise of them. TESSIER says the number of deaths generally corresponds to the number of cases of black, algid, ataxic, or collapse cases. During the epidemic of 1849, he only saw one of either of these forms get well. HAHNE-MANN's method seems to him to be limited to cases of diarrhœa, cholericine, and simple cholera. TESSIER says it seems fair to treat the black and ataxic forms of cholera in the usual manner, inasmuch as homœopathy fails completely in both of these varieties."

In Dr. PETERS' treatise, the opinion of Dr. READ, of Boston, author of the pamphlet "Letter" named at the head of this notice, is cited, to the effect that there are *three* forms of cholera; cholera morbus, septic cholera, and Asiatic cholera. Dr. PETERS would add to these, two: bilious cholera and cholera infantum. That five varieties of disease, in which vomiting and purging occur, may be readily granted. We might, if it were worth while, add at least one other, as separable from ordinary cholera morbus: toxic cholera, from mineral or other corrosive poisons. But only *one* of all these affections is truly *epidemic* or migratory. Cholera infantum is *endemic* in large cities; the others are almost independent of locality, though affected at least indirectly by season. *Septic* cholera is not at all a constantly identical or characterizable disorder. It ought not to be allowed to divide places with epidemic cholera in mortuary records, or to put ambiguity into the history of the latter. There is quite enough of that element already.

Dr. READ's letter has been for some time before the profession and the public. It dogmatically insists and labors assiduously to prove that cholera is contagious. On that point we have already made as much remark as, at this date, our space can well allow. It may only be added that, as Dr. PETERS quotes him, (*Treatise*, pp. 99—100,) PETTENKOFER, the great advocate of the *excrement* theory, considers now that it is futile to depend upon the isolation and quarantine of entire towns and districts; but that it is far better to rely upon disinfection of houses, grounds, and the evacuated fluids of the sick.

Professor PALMER's essay, upon the Pathology and Treatment of Cholera, scarcely touches upon its propagation. His view may be inferred, however, from the following words. "It may be stated that cholera is essentially produced by a peculiar poison, the exact nature of which is not fully understood; that this poison is aided in its production and diffusion by certain local conditions, the chief of which is filth." (P. 11.) The essay is well written and interesting. He locates the primary effects of the cholera-cause in the ganglionic nervous system; but regards as very important also the losses of fluids, in de-vitalizing and de-functionizing (our word, not his) the organs. Dr. PALMER is one of the few practitioners left, of much experience, who still maintain that calomel is a valuable medicine for the treatment of epidemic cholera. In earlier stages, however, he esteems opium as *the great remedy*.

Dr. TONER's collection, which, with unexampled liberality, he holds "at the service of the medical profession," contains more than a hundred volumes and pamphlets, old and new, upon cholera. Though, of course, not (so much more being in medical periodicals) thus comprising the whole literature of the subject, it must possess great value, for reference as well as for perusal.

— Among the victims of cholera in Paris are three Physicians, M. BÉRARD, proprietor of the *Gazette de France*, M. CHAUSSIER, a son of the celebrated surgeon, and M. GIBERT, one of the physicians to St. Louis. The latter was strongly opposed to the general opinion, that cholera is preceded by premonitory diarrhœa, and may be almost said to have fallen a victim to his persuasion; for he suffered several days from relaxed bowels, which he refused to treat medicinally. Dr. ANSELL of Bow, England, has also fallen a victim to cholera.

— DOCTORS AND TYPHUS. Dr. STOKES and CUSACK have shown that in Ireland, during the 25 years prior to 1843, 560 out of 1220 medical men who were attached to public institutions, suffered from typhus fever.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, SEPTEMBER 22, 1866.

MEDICAL EDUCATION.

The numerous letters which we have received from different parts of the country, called out by our former articles on the subject of medical education, furnish the most convincing evidence that there is a wide-spread feeling in the profession, acknowledging the necessity of instituting certain reforms in medical education, such as indicated by us on former occasions.

There is a moral certainty that, in a short time, this feeling will grow strong enough to find utterance in a unanimous and commanding manner, and when it will be dangerous for the schools not to listen to and obey it. There is no longer any question about the propriety and necessity of extending the educational course of medical study, and of remodelling the whole present system, and the sooner the faculties of the schools decide upon a common plan of action, the better, and thus obviate the necessity of being *compelled* by the unanimous voice of the profession to adopt a certain course.

Reform in medical education in this country is the great issue which again agitates the minds of medical men. It will press itself upon the attention of the American Medical Association, as it has engaged the medical press during the last few months. We believe that the simple plan which we proposed in the *REPORTER*, September 1st, of adding to the present laws the proviso, "That the full two courses at present demanded as one of the requisites of graduation, must be attended during THREE separate sessions," will be a great step in advance, and secure to the student practically all the advantages of an extension of study, and of relieving the pressure of overcrowded study. This plan, too, would least interfere with the present organization and lecture-arrangements of the schools.

We invite the profession to a free interchange of ideas on this all-important topic, through the pages of the medical journals, and the faculties of the schools will do well to mature plans which, in their opinion, will best accomplish the objects desired. When hundreds of students have already, as we know, voluntarily embraced a more extended course of study, from the conviction of the necessity of a thorough education, when the *student* may thus be said to be, in numerous instances, actually in advance of the *teacher*,

there need be no fear or hesitancy in adopting the most vigorous action on the part of all the schools, or any number of them. We predict that the school which first and most thoroughly obeys the requirements of reform indicated, will be the most successful in reward and renown.

Apropos! We are astonished that the Faculty of an American medical college can use such language as the *Boston Med. and Surg. Journal* quotes from a circular of the Medical Department of Yale College. They say:

"Experience has shown that a large proportion of the whole field of medical education, embracing most of the important topics, can be comprised in a single course of lectures, by avoiding that extreme variety of subjects and minuteness of detail, which are so apt to confuse and oppress the mind of the learner, and render the knowledge acquired superficial and vague, rather than clear, definite and well-fixed."

A faculty issuing such sentiments should, in the interest of science, resign in a body. They are half a century behind the age.

CRIMINAL ABORTION.

A short paper on "Criminal Abortion," by Dr. WILLIAM MCCOLLUM, published in the *Transactions of the Vermont Medical Society* for last year, is so full of common sense, and corresponding so entirely with the opinions which have from time to time been advanced in this *Journal*, that we take pleasure in laying some extracts from it before our readers:

"We can hardly realize the great and alarming prevalence of the evil in question. It is practised to a great extent by the married, and the married of all classes, who look upon the rearing of children as a heavy burden, full of trouble and care, and to be avoided; and accidental conception is assaulted with a frequency, and moral indifference to the crime that is perfectly astounding. Our own population seem to have a greater aversion to the rearing of families than those of a foreign birth; and every physician must notice how much more prolific are the French, the Irish, and the Germans. In support of this fact I will quote the words of a physician in a neighboring State, who has had extensive opportunity for observation: 'In localities where I am acquainted, though the population is chiefly Anglo-American, full *three-fourths* of the children born and reared are of German, Irish, or other foreign parents, principally of the lower walks of life, who either have less repugnance to rearing families, or have not been initiated into and adopted *modern* improvements.'

"The growth and efficiency of our population

are alike matters of deep interest to us all; and let us inquire what is to be the result of this widespread violation of a great natural law? Will not the health of the female race be destroyed by resorting to such measures to rid themselves of offspring? and will not the higher class give place to the lower? the native population to that of a foreign? Can a community be a moral one with this powerful restraint upon illicit intercourse removed?"

Let each answer these questions for himself—and while he acknowledges the evil, regrets its existence, and foresees its results, firmly resolve to lend his advice to prevent it—his warning to resist, and his strength to oppose.

PORTABILITY OF CHOLERA AND QUARANTINE.

Dr. SIMON, the well-known sanitarian of England, has recently made a report to the Privy Council on the Public Health, in which, speaking of cholera, he says:

"The doctrine on this subject which, in my opinion, deserves, in the present state of knowledge to be accepted as practically certain—sufficiently certain, I mean, to be made the basis for precautionary measures—may be stated in the following propositions: That when cholera is epidemic in any place, persons who are suffering from the epidemic influence, though perhaps with only the slightest degree of diarrhoea, may, if they migrate, be the means of conveying to other places an infection of indefinite severity; that the quality of infectiveness belongs particularly, if not exclusively to the matters which the patient discharges, by purging and vomiting, from his intestinal canal; that these matters are comparatively non-infective at the moment when they are discharged, but subsequently, while undergoing decomposition, acquire their maximum of infective power; that choleraic discharges, if cast away without previous disinfection, impart their own infective quality to the excremental matters with which they mingle in drains or cess-pools, or wherever else they may flow or soak, and to the effluvia which those matters evolve; that if the cholera contagion, by leakage or soakage from drains or cess-pools, or otherwise, gets access, even in small quantity, to wells or other sources of drinking water, it infects in the most dangerous manner very large volumes of the fluid; that in the above-described ways, even a single patient with slight choleraic diarrhoea may exert a powerful infective influence on masses of population, among whom perhaps his presence is unsuspected; that things, such as bedding and clothing, which have been imbued with choleraic discharges, and not afterward fully disinfected, may long retain their infectious properties and be the means of exciting choleraic outbreaks wherever they are sent for washing or other purposes."

Speaking practically, adds the *Medical Press and Circular*, Dr. SIMON has no doubt that quar-

antine, conducted with extreme rigor and with the precision of a chemical experiment, will keep cholera out of any portion of Europe, in which the extremely difficult conditions can be fulfilled. He is quite satisfied it ought to keep the disease out of England.

Now if, as it is the honest opinion of ninety-nine out of a hundred physicians, epidemic or Asiatic cholera is not an indigenous disease of the United States, but is always introduced here by persons or things infected with the cholera-poison, and if, as is universally acknowledged, the infection may be destroyed by proper chemical agents, then we say that the various State authorities, upon whom at present devolves the management of quarantine, and the general government, which has the power to establish an efficient national quarantine, and which has refused to exercise that power, though appealed to, to do so, time and again, are directly responsible for the thousands of deaths from cholera during this season, no matter how much the spread of the disease may have been favored by sanitary misrule of our cities. The prime responsibility rests on those who allowed the enemy to gain a foothold in our land.

Notes and Comments.

Surgeon-General Barnes.

We are glad to learn of the convalescence of Surgeon-General BARNES, whose serious illness at Chicago, we spoke of last week.

Private Medical Teaching.

Students resorting to Philadelphia to pursue their medical studies the coming winter, will find in our columns the cards of some of our best private teachers. These gentlemen have all had long experience in teaching medicine, and it will be of very great advantage to students to avail themselves of their aid in pursuing their studies.

Dishonorable Conduct of a Physician.

"It is stated that a physician in St. Louis, Mo., the other day tore up a prescription for a cholera patient, because the wife of the sick man could not pay his fee. The man died, and prominent citizens have taken means to prosecute the doctor."

The above item is going the rounds of the newspapers. We doubt it being true as respects any regular practitioner of medicine, certainly; but if it should prove to be, we trust that the profession will "note that man, and have no company with him."

Books and Pamphlets Received.

Medical Communications, with the Proceedings of the 74th Annual Convention of the Connecticut Medical Society, held at New Haven, May 23d and 24th, 1866. From Dr. C. L. IVES.

Observations upon the Cranial Forms of the American Aborigines, based upon specimens contained in the collection of the Academy of Natural Sciences, of Philadelphia. By J. AITKEN MEIGS, M. D., etc. etc. From the Author.

HAMILTON on Fractures and Dislocations. From H. C. LEA.

PEREIRA's Materia Medica and Therapeutics. New Edition. From the same.

Three pieces of music, viz., Bells in Distant Lands, song, with chorus; composed by HENRY TUCKER. Banjo Galop; composed by Mrs. PARK-HURST. Beautiful Form of my Dreams; poetry by W. C. BAKER; composed by H. P. DANKS. Published by C. M. TREMAINE, 481 Broadway; successor to HORACE WATERS.

Correspondence.

DOMESTIC.

A Case of Sporadic Cholera.

EDITOR MEDICAL AND SURGICAL REPORTER:

On Sept. 1st, I was hastily called to see J. S., a gentleman of about 60 years of age; strong, healthy, and robust. I reached the patient's house about 8 o'clock, A. M., and found him lying on the floor in a state of collapse. The extremities were cold and pulseless, and the whole body bathed in perspiration.

The features were very much shrunken, and wore a peculiarly anxious expression, indicative of great suffering. He complained of violent pains in the stomach and bowels, with occasional spasmodic contraction of the muscles of lower extremities and abdomen, and so restless as to make it impossible to keep him in any one position. I learned the following history of the case.

For the past day or two, had been troubled with a slight diarrhoea, but had taken no medicine, as he thought it would wear off. A little after 7 o'clock, (and near an hour before I saw him,) whilst walking near the house, he was suddenly seized with violent pains in the stomach and bowels, and had two copious watery discharges from the bowels, which he said were nearly colorless, and very prostrating. There was considerable nausea, but no vomiting.

I gave him a liberal dose of morphia, and ordered him to get in bed. Sent a distance of a half-mile for mustard and French brandy. Ordered a fire to be made, so as to get the means of supplying artificial heat.

The patient remained but a few minutes in bed, declaring he was too warm, (the surface of his body felt comparatively as cold as ice,) and again took his position on the floor. It was now 8 30 o'clock, and I gave him opium pulv., gr. i., bismuth sub nit., gr. x., hyd. chlor. mit., gr. ii. I will here remark, that I would have preferred giving xxx. drops each of tinct. camphoræ, tinct. opii, and chloroform, but not knowing the nature of the case I was called on to treat, had carried with me only a small pocket-case, and had none of the above articles with me. His son, who went for the mustard and brandy, was detained, and did not come until 9 o'clock, at which time the patient was staggering about the floor.

He took a seat in a large rocking-chair, and I gave him an ounce of French brandy and forty-five drops of laudanum, (an inferior article which I found in the house.) I made several large cataplasms of mustard, and as I approached him with the first, he opened his shirt and assisted me in placing the plaster over the stomach. Noticing he was more composed, I inquired if he felt better, and was informed that he did not, but was endeavoring to bear the pain as well as he could. A second plaster was then bound to the right wrist, and as I stooped over him to bind a third to the left wrist, I noticed a convulsive movement of the whole frame, and on looking up, found that the patient had thrown his head back on the back of the chair; the eye was glazed, but almost instantly cleared and again looked intelligent. I called for assistance, but before the patient could be lifted on the bed, the face and neck were of a dark mahogany color. A few labored respirations were now noticed, and death closed the scene. Such a sudden termination of the case was to me very unexpected, and I think was occasioned by *paralysis* of the *pneumogastric nerve*, induced by a large quantity of cantaleup eaten the night previous to his death, and which probably contained some irritating poison. He regarded the cantaleup as the cause of his suffering.

I have, as you see, Mr. Editor, called this a case of sporadic cholera, but am not at all sure of being correct in my diagnosis, and I report it, hoping that some of the numerous readers of the REPORTER will be so kind as to give us their views of the case. Such sudden deaths are rare in any form of cholera. If death had to take place in this case, I think the natural termination was by *collapse*, and I must regard the sudden termination as *accidental*.

It has been suggested by a physician of this

town that this was a case of "heart disease," but but as the patient was never troubled by any irregularity of the heart's action, and as the pain was too remote for, and did not at all resemble angina pectoris, and as every symptom of heart disease was wanting, (except the sudden termination,) I cannot see the use of falling into the too common error, of making the heart the scape-goat of all sudden deaths.

F. K. TRAVERS, M. D.

Seaford, Del., Sept. 9th, 1866.

Dacryocystitis.

EDITOR MEDICAL AND SURGICAL REPORTER:

It has been over six years since I commenced the use of the probe for the cure of inflammation and stricture of the nasal duct. My record shows quite a large number of cases treated, but the success of the treatment does not satisfy my wishes. Some few cases were benefited; some others radically cured, *I hope*; but even these were under my care one or two years before I could safely call them well. Now I wish to ask some of those who can speak through the REPORTER, if the fault has been mine? My plan has generally been to pass a small size probe, repeating it, or a larger one every four days or a week, and letting the probe, in some cases, remain in an hour, in others remove it immediately; and use Anel's syringe for washing out the sac with a weak solution of chloride of sodium.

Some cases would be followed by severe congestion of the eye, lasting two or three days, or longer; and particularly in one case, the congestion lasted so long that I could not advance in the size of the probes.

In some cases I have passed the probes daily during a week, and when I could do so, I have thought there was more improvement, but usually the parts will become too sore to admit of the daily use any length of time. Again, I have syringed the sac daily, using warm water and common salt, and with seeming advantage.

I would like to have some one inform me what is the best course to be pursued in such cases.

If the dilation of the stricture would alone cure the difficulty, I can conceive the propriety of passing the probes as rapidly as possible, so that the secretions might pass off, which I believe continues the disease when retained in the sac.

One very important result, to the advantage of the patient, follows the slitting of the canaliculus, which I usually premise, before the use of the probe, viz., an almost certain prevention of serious attacks of swelling and bursting of the sac,

as the canaliculus is so large as to prevent accumulations to any great extent.

W. W. GARDENER, M. D.

Springfield, Mass., Sept. 1866.

News and Miscellany.

Dressing of New Born Infants.

Dr. W. B. FLETCHER, of Indianapolis, Ind., communicates to the *Cincinnati Lancet and Observer* some remarks on the above subject that are worth reproducing. He says:

If there be one custom of time-honored folly which we have continued to this day in the "lying-in chamber," it is that absurd and cruel system of the first dressing. There is no reason for quoting from the most ancient authors to find absurdity upon this point, when our most recent text-books and lecturers give almost the same directions. But even if they did not, how many physicians ever personally attend to this important point, whereby the comfort of the child and mother are all at stake. In most cases, as soon as the child is born and the cord divided, it is tied, and the baby given to an employed nurse, some wise neighbor or friend. The question of "What will she do with it?" may best be solved by watching her. First she huddles it up in an old shawl or other garment. She is careful to cover its head, as though it were a young puppy she would smother, or rid the world of an infant cat. In a few moments some one brings water, soap, and towels, and also a heap of old linen and a trunk full of new. The good woman now turns to the blazing fire or the hot stove, that the baby may not take cold, and while the youngster implores with yells and cries, she bakes its tender skin on one side, while she dabbles its head, eyes, mouth, and body with a vile solution of frequently very bad soap. After this ceremony has been past, (it matters not whether the child be cleaner than before), she turns her attention to the cord, upon which she frequently deposits, slyly, some pestiferous saliva. "It's healin'," she says, and now she follows authority. 1st. She cuts or burns a hole in the centre of a bit of cloth, through which she draws the cord; 2d. She places a rag upon this; 3d. A rag upon that; and 4th. She puts on a "binder." Now it is upon this operation she prides herself if she be a hireling, that is the closeness and compactness with which she can pin the binder round the expanding body of the infant; 5th. She puts on a little garment, called a shirt, which is in fact without body, neck, or sleeves, as far as protection goes; 6th. She puts on the "square," with more pins; 7th. She pins on a "waist" with a long skirt; 8th. Another waist with a longer skirt; 9th. A dress. And now the baby is presentable. The doctor sees it's all right and goes home. He hears not within an hour the stifled screams of compressed lungs, that with every breath are expanding the chest, and the nurse wisely says it appears "colicky," for which it

must be drenched with some damned decoction of catnip, sling, brandy, laudanum, water and molasses, etc.

The next visit, the nurse swears it's a good child, only a little "colicky," but she can cure that, and away the doctor goes, where he cannot hear the little one cry, and see it dosed for screaming on account of the "cord" having become a half putrid, half drying mass, glued and ulcerating to the tender belly.

Dr. FLETCHER recommends the following mode of procedure, as an improvement on the above:

"My baby is first quickly washed by oiling the hand and rubbing the parts to which the secretions have adhered, and then with a soft cloth, soft water, and a trace of castile soap, and frequently with warm water alone, the infant may be cleaned. Then I begin dressing. 1st. A bit of lint or linen, two inches square, is tied closely upon the end of the cord like a cap; 2d. The square, or diaper, of soft and old material, is put on loosely with a diaper-pin; 3d. A fine warm flannel gown, (like a woman's night dress,) with long sleeves, and coming below the feet, is put on, and thus the baby is quickly and comfortably dressed, and placed in its mother's arms, where the temperature of her own body is food and strength for her new-born babe until the milk is secreted.

Let any physician try this plan, and he will meet with opposition from every old lady in the land. 'Why, doctor, its bowels will burst out when it cries, if you don't pin a binder on!' and a number of similar excuses for not being directed by the physician. But the physician will be rewarded by finding the infants more clean, sleeping more, and eating more than when uncomfortably dressed, and I believe less liable to umbilical hernia and ulceration about the cord. I have known children rescued from apparent suffocation by simply unpinning a close binder."

Treating Wounds with Dressings of Sheet-Lead.

A surgeon of some eminence in his profession at Ghent, has recently published an account of a method of treating wounds with dressings of sheet-lead. From the 1st of January, 1864, to the end of May, 1866, Dr. BURGGRAEVE has treated two hundred and thirty-six cases in this manner, and only eight deaths have occurred. His process is exceedingly simple. It consists in washing the wound carefully with luke-warm water, and then covering it with pieces of sheet-lead, which are secured with adhesive plaster. Most of his patients have been workmen injured by machinery, and were too weak to undergo operations, owing to the impoverished state of their blood. "The wound," says M. BURGGRAEVE, "whatever may be the amount of contusion, crushing, or laceration, is first washed carefully without detaching or cutting away any portion of flesh, since in the state of torpor it is impossible to say at once which will mortify and which may be preserved, and one runs the risk either of cutting away too much or too little. It is next surrounded with thin slips of lead, retained in position by sticking-plaster. From time to time a jet of warm water is injected under this armor,

if we may use the expression, so as to remove the ichor and refresh the parts." In order to watch the progress of the wound, each sheet of lead may be removed independently of the others. The contact of the metallic lead with the flesh causes no irritation, and the rigidity prevents friction, and excludes the air—a very important point. Besides the mechanical action of lead, Dr. BURGGRAEVE thinks that it may also be attended with some physical action, and quotes the well-known effects of GOULARD's extract. The author enlarges on the value of this method of treatment in military surgery, where operations must, at least in active service, be somewhat hurried, and many a limb which, under ordinary circumstances, might have been preserved, is sacrificed in consequence. Gun-shot wounds, he says, have much analogy with injuries caused by machinery, and we may reasonably assume that the results will not be dissimilar. Whatever the theoretical objections to lead bandages may be, they appear at all events to have had a fair trial, and to have been productive of good results.—*Every Saturday.*

Proposed Permanent Quarantine at West Bank, in the Lower Bay of New York.

It is now settled that a permanent quarantine establishment will be located on West Bank, which lies about two miles from Staten Island, about five miles from Fort Hamilton, and midway from New York city to Sandy Hook. From the fact that this bank is covered by water to the depth of seven feet at low tide, the creation of an artificial island is rendered necessary. According to the plan proposed, this island will be an irregular hexagon in shape, 448 feet in its greatest length, and 228 feet in its greatest width. The exterior wall will be formed of cribs of white pine or white spruce timber, filled with earth and stones. The timbers of these cribs will be fourteen inches square at the base, and twelve inches square above, laid so that they touch each other, and fastened by heavy iron bolts. The entire exterior of this wall will be protected (shingled) with stone, either granite, gneiss, or trap, in large pieces, laid in rip-rap, extending from the base horizontally at least fifteen feet, and perpendicularly thirteen feet, or up to high-water mark. The entire space inside this wall is to be filled with earth and stone, to constitute the foundation of the requisite superstructures, which are to be a building for the resident-physician, an eight-pavilion hospital, and separate buildings for the disinfection of person, clothing, and baggage, besides a proper receptacle for the dead. The contract has been awarded to FRANCIS SWIFT, who is to construct the island and erect the buildings, on or before the June 1, 1867, at a cost of \$510,218.—*Medical Record.*

— Prof. BAR BENEDEN, of Louvain, has been appointed to the vacant place among the corresponding members Académie des Sciences, in the section of Anatomy and Physiology. The other names proposed for the honor were FILIPPI, HUXLEY, LENCKART, VICTET, SASS, SIEBOLD, and VOGT.—*Boston Med. Journal.*

Pension Examining Surgeons.

Pennsylvania—Dr. JOHN LEVERGOOD, Lancaster.

West Virginia—Dr. JAMES G. MCPHERSON.

Quarantine Officer at Fortress Monroe.

Dr. J. W. PRINCE, U. S. Volunteers, has been appointed chief quarantine officer at Fortress Monroe, with his head-quarters on-board the steamer *City of Albany*, which will be stationed off the capes for the purpose of examining all vessels bound into Chesapeake Bay and Hampton Roads. Dr. T. E. WILCOX, late professor in the Union College at Schenectady, has been appointed assistant quarantine officer.

The Chemical Contents of a Cup of Tea.

The cup of tea we drink, according to chemical analysis, contains volatile oil, chlorophyll, wax, resin, gum, tannin, theine, extractive, apotheme, albumen, sulphur, phosphorous, chloride of potassium, oxyd of iron, carbonate, sulphate, and phosphate of lime, carbonate of magnesia, manganese, and silica—twenty different articles. The peculiar flavor of the tea depends on the volatile oil, which is lighter than water, and has a lemon-yellow color, and the smell of tea. LIEBIG is of the opinion that tea is not only an astringent and diluent, but possesses nutritive properties of no mean kind. A great deal of profound chemistry is connected with the subject of theine as it exists in tea, and caffeine in coffee; both of the same property, or substance, contained in dissimilar vegetable productions—the leaves of one tree and the berries of the other. Tea and coffee act upon the nerves and upon the brain, and have a quickening and refreshing influence; but taken in excess result in excitement prejudicial to sleep and rest. Green tea is considered more injurious to persons of a highly nervous temperament than the black.—*Chemical News and Artizan.*

—THE "POOR MAN'S FILTER."—In the food department of the South Kensington Museum stands the "poor man's filter." It is an ordinary flower-pot, plugged (not tightly) at the bottom with sponge. A layer of coarsely powdered charcoal, about one inch thick, is placed in the bottom of the pot, then another layer of sand of the same thickness, then pebbles, coarse gravel, and stones are placed on the whole. This forms an admirable filter, and one within the reach of the poorest.

—EFFECT OF ATMOSPHERIC PRESSURE ON THE HEART. In ascending into the air the heart-beats increase 5 for the first 3000 feet, 7 more for the next 1500 feet, 8 for the next 1500, and 5 for each 1500 feet of ascent after that. This is an average increase of one beat for each 100 yards of ascent.

—PERIL OF ARMY SURGEONS. Surgeon ESDRA of the Italian army, was killed at Custozza, on the field of battle, whilst dressing the wounded. Three other Italian surgeons were seriously wounded, and twelve were made prisoners.

—The *Boston Med. Journal* cites from a recent number of VIRCHOW's *Archive* a case of sudden blanching of the hair. The case is reported by LANDOIS, of Greisswald, it having occurred in Prof. MOSLER's clinic. The patient was 34 years old, and was suffering from delirium tremens. On the fifth day of his stay in the hospital, the visiting physicians and the patients noticed that the hair upon his face and head had become gray. On looking at himself in a mirror, he exclaimed, "Ach, Gott, mir sind die haare grau geworden." The delirium vanished from this time.

A microscopic examination showed the presence of a great many minute air-bubbles at the white points, both in the cortical and central portions of the hair. The pigment was perfectly preserved throughout the whole shaft of the hair, and had undergone no change whatever. As the hair gradually is changed to gray, the pigment disappears, but in this instance, the rapid whitening during a single night was produced by the development of gas within the substance of the hair.

—THE INTERNATIONAL OPHTHALMOLOGICAL CONGRESS which was to have been held in Vienna during August last, has been indefinitely postponed in consequence of the unsettled condition of the country.

—MUSCULAR WORK AND HEAT arise in the animal organism, both being derived from the chemical energy, as well of non-nitrogenous as of nitrogenous matters. Of both kinds of food the animal system has need. In the body there exists a certain relation between heat produced and muscular work. By exercise, this relation becomes more favorable for muscular work. A liberal supply of albuminous matter tells favorably in the same. The reason of this is probably to be found in the better nourished and firmer condition of the muscles, and of the whole body, which is obtained by means of a more highly albuminous diet. The development of man, in general, appears to attain the highest pitch under the use of a mixed diet.

—A CASE OF DEATH upon the operating table from fear of lithotomy, is reported in the *Gazette des Hôpitaux*, by M. CAZENAVE. The patient, who was a distinguished veterinary surgeon, fainted while in the hands of the assistants, and died in ten minutes.—*Boston Med. Journal.*

Army and Navy News.

NAVY.

List of changes, etc., in the Medical Corps of the U. S. Navy, for the week ending September 15th, 1866.

Surgeon J. S. Kitchen, detailed for temporary duty at Marine rendezvous, Philadelphia.

Passed Assistant Surgeon Edward R. Dodge, detached from the U. S. Ship *Mackinaw*, on account of illness.

Assistant Surgeon Wm. F. Terry, detached from temporary duty at Washington, and ordered to duty at Naval Academy, Annapolis, Md.

MARRIED.

BOYNTON—STONE.—In Uxbridge, Mass., by Rev. Mr. Barber, Dr. S. H. Boynton, of Haverhill, and Marcia E. Stone, of Augusta, Me.

BRINTON—WARD.—At "Grove Place," Rochester, N. Y., on the 13th inst., by the Rev. F. De W. Ward, D. D., of Geneseo, John H. Brinton, M. D., of Philadelphia, and Sarah, daughter of the officiating clergyman.

EVERSON—BROWN.—In this city, September 12th, 1866, at the residence of the bride's parents, 911 North Fifth Street, by Rev. Reuben Jeffery, John C. Everson, M. D., and Miss Annie, youngest daughter of Mr. Jacob Brown, Jr., both of this city.

FARNSWORTH—OUSLEY.—In this city, on the 5th inst., at the residence of the bride's father, by Rev. A. Swazey, Dr. J. O. Farnsworth and Miss Carrie F. Ousley.

ICKES—McCAMANT.—On the 12th inst., by the Rev. John Wallace, Dr. John L. Ickes, of Altoona, Pa., and Miss Elizabeth Jenkins McCamant, of Pickque Valley, Lancaster co., Pa.

LONGEE—HAWES.—In Boston, September 4, by Rev. Thomas R. Lambert, D. D., of Charlestown, William T. Longee, U. S. Navy, and Ruth Gray, daughter of the late Dr. William Hawes, of Boston.

THEOBALD—RONEY.—At the residence of the bride's father, September 1st, by Rev. J. H. Dabbs, Phillip R. Theobald, of Philadelphia, and Lizzie A., eldest daughter of W. C. Roney, M. D., of Pottsgrove Township, Montgomery co., Pa.

TIBBETS—WHITEHOUSE.—In Riversdale, Vassalborough, Me., Aug. 21st, by Rev. Mr. Adams, Dr. B. L. Tibbetts, of China, Me., and Sarah H. Whitehouse, of Augusta.

DIED.

DAWSON.—In Columbus, Ohio, on the 4th inst., Prof. John Dawson, M. D., brother of Dr. W. V. Dawson, of Cincinnati.

GOULD.—In Boston, Mass., September 15th, Dr. A. A. Gould, President of the Massachusetts Medical Society.

HAMILTON.—At St. Louis, of cholera, on Friday, August 31, Dr. Wm. M. Hamilton, aged 52 years, formerly from Ohio.

JUDSON.—At Livingstonville, New York, August 31st, after a painful illness of eighteen days, Olive Spaulding Chase, wife of J. B. Judson, M. D., in the 51st year of her age.

MOTT.—At Mt. Pleasant, Iowa, on the 17th of July last, Dr. J. N. Mott, a resident of Hill, Mich.

OBITUARY.

Dr. A. A. Gould.

AUGUSTUS ADDISON GOULD, M. D., President of the Massachusetts Medical Society, and one of the most distinguished conchologists of the day, died in Boston, on Saturday, the 15th inst. Dr. GOULD was born in New Ipswich, N. H., April 23, 1805; graduated at Harvard in 1825; took the medical degree in 1830, and at once commenced practice in Boston, where he resided up to the time of his death. From the outset of his career he devoted a great deal of attention to natural history and kindred studies, and for two years gave instructions in botany and zoology at Harvard. He was a member of the principal American and several foreign learned societies. Beside contributions to scientific and other periodicals, he published a number of independent works, among which were a "System of Natural History," "Invertebrate Animals of Massachusetts," "Mollusca and Shells of the United States Exploring Expedition under Capt. WILKES," "Mollusca of the North Pacific Expedition under Capts. RINGGOLD and ROGERS," and Translations of De LAMARCE's "Genera of Shells," and "GALL's Works;" wrote in conjunction with Professor AGASSIZ, "Principles of Zoology," and completed Dr. A. BINNY's "Land Mollusks of the United States."—*N. Y. Tribune.*

METEOROLOGY.

September,	3,	4,	5,	6,	7,	8,	9,
Wind.....	S.	N. W.	N.	N.	E.	N. W.	W.
Weather.....	Clear.	Cl'dy.	Clear.	Clear.	Cl'dy.	Clear.	Clear.
Depth Rain.....	8-10				1 in.		
Thermometer.							
Minimum.....	70°	62°	67°	65°	63°	63°	49°
At 8 A. M.....	77	76	73	70	68	74	61
At 12 M.....	86	81	81	74	70	74	71
At 3 P. M.....	89	83	85	78	71	76	72
Mean.....	81.	75.50	76.50	71.75	68.	71.75	63.25
Barometer.							
At 12 M.....	30.1	30.1	30.	30.2	29.9	30.	30.2
Germantown, Pa.							

B. J. LEEDOM.

SUMMER SCHOOL

OF

MEDICINE.

No. 920 Chestnut Street, Philadelphia.

ROBERT BOLLING, M. D., JAS. H. HUTCHINSON, M. D., H. LENOX HODGE, M. D.

EDWARD A. SMITH, M. D., D. MURRAY CHESTON, M. D.,

HORACE WILLIAMS, M. D.

The Summer School of Medicine will begin its second term on March 1st, 1866, and students may enjoy its privileges without cessation until October.

The regular Course of *Examinations and Lectures* will be given during April, May, June, and September, upon

ANATOMY,

SURGERY,

CHEMISTRY,

PHYSIOLOGY,

OBSTETRICS,

MATERIA MEDICA,

PRACTICE OF MEDICINE.

The subjects will be studied by the aid of Specimens, Manikins, Demonstrations, and Clinical Examinations of Patients.

Students will be given access to the Pennsylvania, Episcopal and Children's Hospitals. The employment of the Microscope, and the microscopic appearance of the tissues and fluids in health and disease, with the chemical tests and reactions, will also be taught.

FEE, \$50.

SURGERY.

A Course of Lectures on **SURGICAL DIAGNOSIS** will be delivered by Dr. H. LENOX HODGE, during April, May, June, and September, at the Summer School of Medicine, No. 920 Chestnut Street, Philadelphia.

The history, causes, symptoms, and pathology of Surgical Diseases and Injuries will be carefully studied, and the means of recognizing and treating such disorders distinctly taught.

Instruction will be given in the use of the Microscope, Ophthalmoscope, Otoscope, Laryngoscope, Endoscope, and other specula; in Percussion and Auscultation, and other means now employed for physical examination.

FEE, \$10.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, and in Practical Obstetrics. They will be enabled to examine persons with diseases of the Heart and Lungs, and to attend women in confinement. The class rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text books, etc., will be constantly open for study.

The Winter Course of Examinations will begin with the Lectures at the University of Pennsylvania in October, and will continue till the close of the session.

Fee for Office Students (one year), \$100.

Fee for one Course of Examinations, \$30.

Class Rooms, No. 920 Chestnut St., Philadelphia.

Apply to

H. LENOX HODGE, M. D.,

N. W. corner Ninth and Walnut Streets.

GEORGETOWN COLLEGE,

MEDICAL DEPARTMENT,

WASHINGTON, D. C.

(No. 303 F, near Twelfth Street.)

SEVENTEENTH ANNUAL COURSE.

SESSION 1866-67.

FACULTY OF MEDICINE:

NOBLE YOUNG, M. D., President, Professor of Principles and Practice of Medicine.

FLODOARDO HOWARD, M. D., Treasurer, Professor of Obstetrics and the Diseases of Women and Children.

JOHNSON ELIOT, M. D., Dean, Professor of Principles and Practice of Surgery.

JAMES E. MORGAN, M. D., Professor of Materia Medica and Therapeutics.

THOMAS ANTISELI, M. D., Professor of Military Surgery, Physiology, and Physiological Chemistry.

MONTGOMERY JOHNS, M. D., Professor of General, Microscopic, and Descriptive Anatomy.

STILAS L. LOOMIS, M. D., Professor of General Chemistry and Toxicology.

D. R. HAGNER, M. D., Professor of Clinical Medicine.

W. EVANS, M. D., Demonstrator of Anatomy.

The session will commence on the 10th of October, and terminate in March following.

The Lectures will be delivered in the College building, 303 F street, during the hours of the afternoon and evening. This time of lecturing has been customary in this department since its foundation, and found to be most acceptable to students in the District.

The fees for the full Course of Lectures.....	\$105 00
Matriculation fee (paid only once).....	5 00
Demonstrator's fee.....	10 00
Graduation fee.....	20 00

For further information, address

JOHNSON ELIOT, M. D.,

Dean of the Faculty,

437—500

No. 408 F. Street, Washington, D. C.

UNION MUTUAL LIFE INSURANCE

COMPANY,

OF MAINE.

INCORPORATED 1848.

Director's Office, 80 WASHINGTON STREET, BOSTON, MASS.

HENRY CROCKER, *President.*

W. H. HOLLISTER, *Secretary.*

Philadelphia Office, 129 SOUTH SEVENTH STREET.

ASSETS.....	\$1,342,820 29
PAID LOSSES BY DEATH.....	943,292 00
DIVIDENDS PAID.....	435,722 00

16 Annual Dividends,

AVERAGING FORTY PER CENT.,

Have been made.

All profits are divided among

POLICY HOLDERS.

Active and efficient agents wanted throughout the State.

PERCY B. SPEAR,

Agent and Attorney,

498—524

129 South Seventh Street.

THE WILLS OPHTHALMIC HOSPITAL.

Race Street, between 18th and 19th,

OPPOSITE LOGAN SQUARE, PHILADELPHIA.

A Course of Lectures on Ophthalmic Surgery will commence on Thursday evening, November 1st, at 8 o'clock, in the lecture room of the institution.

The course will embrace the most important and practical subjects of Ophthalmic science, including the *Anatomy of the Eye, the Physiology of Vision, Ophthalmoscopic Diagnosis, Defects of Vision, and the Pathology and Operative Surgery of the Eye.*

The Lectures will be made demonstrative with abundant material for illustration by dissections, models, drawings, and optical apparatus.

In addition to the evening didactic course, the Operative Clinics of the Hospital, held every Wednesday at 12 M., will present an extended field for observing the Operative Surgery of the Eye; and opportunities will be given to individual members of the class for making Ophthalmoscopic Diagnosis at the general clinics, every Tuesday and Friday at 11, A. M.

FEE, TEN DOLLARS.

R. J. LEVIS, M. D.,

Surgeon, Wills Hospital,

No. 1104 Arch Street,

Philadelphia.

499 t.f.

PHILADELPHIA SCHOOL OF ANATOMY.

College Avenue, East from Tenth St.

The Dissecting Room in this Institution, will open on September 1st, 1866. Lectures will be given during September.

The Regular Winter Course of Lectures on Special, Practical and Surgical Anatomy will begin on the 10th of October, 1866, and continue until March 1st, 1867.

Three Lectures and two examinations will be given each week, at 7 o'clock, P. M.

Fee for the Course, the same as that for Dissections and Lectures thereon in the Colleges.

R. STANSBURY SUTTON, M. D., *Lecturer.*

Office, 314 South 10th Street.

Janitor, JOHN CAMPBELL.

492—3m.

DR. RICHARDSON'S QUIZ,

IN CONNECTION WITH THE

LECTURES DELIVERED IN

JEFFERSON MEDICAL COLLEGE,

Is held every morning, commencing at a quarter before nine o'clock, in the rooms at the UPPER END OF CHANT STREET, entrance from Tenth, between Market and Chestnut Streets.

Medical Students visiting the city are invited to attend.
494—502

PRACTICAL INSTRUCTION IN THE TREATMENT OF DISEASES OF THE LARYNX, TRACHEA, POSTERIOR NARES, ETC.: WITH THE USE OF THE LARYNGOSCOPE.

The undersigned is prepared to teach LARYNGOSCOPY and RHINOSCOPY to physicians and advanced students.

A well attended daily clinic affords an admirable opportunity for practical experience in the manipulation of instruments.

TERMS:

In Classes.....	\$15 00
Private Tuition.....	40 00

SOLIS COHEN, M. D.,

1106 Walnut Street

488

NATIONAL MEDICAL COLLEGE.

MEDICAL DEPARTMENT OF COLUMBIAN
COLLEGE—SESSION OF 1866-67.
WASHINGTON, D. C.

The Forty-fifth Annual Session of the National Medical College will begin on MONDAY, the 15th of October, 1866, and end on the 1st of March, 1867. A general introductory to the Course will be given, after which the regular Lectures will continue, commencing at 4 P. M., daily.

FACULTY:

THOMAS MILLER, M. D., Emeritus Professor of Anatomy and Physiology, and President of the Faculty.
WILLIAM P. JOHNSTON, M. D.,* Emeritus Professor of Obstetrics and Diseases of Women and Children.
JOHN C. RILEY, M. D., Professor of Materia Medica and Therapeutics.
NATHAN SMITH LINCOLN, M. D., Professor of Surgery.
GEORGE C. SCHAEFFER, M. D., Professor of Chemistry.
GEORGE M. DOVE, M. D., Professor of Theory and Practice of Medicine.
JOHN B. KEASBEY, M. D., Professor of Obstetrics and Diseases of Women and Children.
JOHN ODRONAUX, M. D., Professor of Medical Jurisprudence and Hygiene.
THOMAS R. CROSBY, M. D., Professor of Military Surgery.
J. FORD THOMPSON, M. D., Professor of Anatomy and Physiology.
H. P. MIDDLETON, M. D., Adjunct to Chair of Obstetrics and Diseases of Women and Children.
S. J. TODD, M. D., Adjunct to Chair of Surgery.
A. F. A. KING, M. D., Adjunct to Chair of Materia Medica and Therapeutics.
J. T. YOUNG, M. D., Adjunct to Chair of Theory and Practice of Medicine.
WILLIAM LEE, M. D., Adjunct to Chair of Anatomy and Physiology.
D. WEBSTER PRENTISS, M. D., Adjunct to Chair of Chemistry.
WILLIAM B. DRINKARD, M. D., Demonstrator of Anatomy.
FREDEIRICK SHAFHIRT, M. D., Curator of Museum.
The entire expense for a full Course of Lectures by all the Professors is..... \$105 00
Single tickets..... 15 00
Practical Anatomy, by the Demonstrator..... 10 00
Matriculating Fee, payable only once..... 5 00
Graduating Expenses..... 30 00
For further information, address
JOHN C. RILEY, M. D., Dean,
No. 419 New York Avenue,
495-505 Between Fourteenth and Fifteenth Streets.
* Professor JOHNSON will deliver the Lectures on Difficult and Instrumental Labor.

WAR DEPARTMENT,

SURGEON-GENERAL'S OFFICE,

WASHINGTON, D. C., August 10th, 1866.

An Army Medical Board, to consist of Brevet-Colonel J. B. Brown, Surgeon, U. S. A., President; Brevet Lieutenant-Colonel H. R. Wirtz, Surgeon, U. S. A.; Brevet Lieutenant-Colonel Anthony Heger, Surgeon, U. S. A.; and Brevet Major Warren Webster, Assistant-Surgeon, U. S. A., Recorder, will meet in New York city, on the 20th of September, next, for the examination of candidates for admission into the Medical Staff of the U. S. Army.

Applicants must be over 21 years of age, and physically sound.

Applications for an invitation to appear before the Board should be addressed to the Surgeon-General, U. S. A., and must state the full name, residence, and date and place of birth of the candidate. Testimonials as to character and qualifications must be furnished. If the applicant has been in the Medical Service of the Army during the war, the fact should be stated, together with his former rank, and time and place of service, and testimonials from the officers with whom he has served should also be forwarded.

No allowance is made for the expenses of persons undergoing the examination, as it is an indispensable prerequisite to appointment.

There are at present sixty vacancies in the Medical Staff, forty-six of which are original, being created by the Act of Congress, Approved July 28th, 1866.

JOS. K. BARNES,
Surgeon-General, U. S. A.

494-502

ST. LOUIS MEDICAL COLLEGE.

FACULTY:

M. L. LINTON, M. D., Professor of the Principles and Practice of Medicine.
A. LITTON, M. D., Professor of Chemistry and Pharmacy.
CHARLES A. POPE, M. D., Professor of the Principles and Practice of Surgery and of Clinical Surgery.
M. M. PALLER, M. D., Professor of Obstetrics and of Diseases of Women and Children.
CHARLES W. STEVENS, M. D., Professor of General, Descriptive, and Surgical Anatomy.
JOHN B. JOHNSON, M. D., Professor of Clinical Medicine and Pathological Anatomy.
JOHN T. HODGEN, M. D., Professor of Physiology and Medical Jurisprudence.
FRANK W. WHITE, M. D., Professor of Materia Medica and Therapeutics.
E. H. GREGORY, M. D., Demonstrator of Anatomy.
L. DINKLER, Curator.

The regular Course of Lectures in this Institution will begin on the First day of October, 1866, and continue to the First day of March, 1867.

A Clinical Course of Lectures, in the several Hospitals of the city, will be delivered by the Faculty, during the Session, *free of charge*, and will afford the Student ample opportunity for a thorough knowledge of the various branches of Medicine and Surgery.

The Anatomical Rooms will be open for Dissections on the first day of October, for which abundant material will be furnished.

TERMS:

(Invariably in Advance.)

Regular Term of Lectures.....	\$105 00
Matriculation Ticket (paid only once).....	5 00
Hospital Ticket (free).....	
Dissecting Ticket.....	10 00
Graduation Fee.....	20 00

Further information may be obtained by addressing JOHN T. HODGEN, M. D., Dean of the Faculty. Office—Southwest cor. Fourth and Walnut streets, St. Louis, Mo. 494-500

CASH CAPITAL, \$200,000.

THE UNITED STATES ACCIDENT INSURANCE COMPANY,

of Syracuse, New York, insures against
DEATH FROM EVERY CAUSE,

Whether ACCIDENT, CHOLERA, or DISEASE of any kind, with weekly compensation for DISABILITY from ACCIDENT.

COMBINED POLICIES FROM ONE TO FIVE YEARS.

ACCIDENT POLICIES FROM ONE MONTH TO TEN YEARS.

NO MEDICAL EXAMINATION REQUIRED FOR
ACCIDENT INSURANCE.

This is the only Company authorized by its Charter to issue COMBINED LIFE and ACCIDENT POLICIES, uniting the benefits of both Life and Accident Insurance under one policy and premium, at the lowest rates consistent with the soundness of the Company and the security of the Insured.

Rates for Accident Insurance, FIVE DOLLARS for every \$1000, with FIVE DOLLARS weekly compensation.

A deduction of TEN per cent from above rates will be made to Physicians insuring direct at this office from the General Agent.

WILLIAM A. STEPHENS,
General Agent,
501 Chestnut Street,
Philadelphia.

486-537*

VACCINE VIRUS,

FRESH FROM HEALTHY WHITE CHILDREN,

FOR SALE BY

BULLOCK AND CRENSHAW,
Arch and Sixth Street,
PHILADELPHIA.

485-539

Price, \$1.50 per crust.

PURE COW POX VIRUS.

Just received per steamer from Germany, a supply of fresh PURE COW POX VIRUS. Will be sent, postage paid, to any address, on receipt of price, \$2.00.

Address A. J. TAFELS
Pharmacy, 48 North 9th street,
Philadelphia.

Or, No. 6 East Eagle street,
Buffalo, N. Y.

NEW ORLEANS SCHOOL OF MEDICINE.

SESSION OF 1866 AND 1867.

D. WARREN BRICKELL, M. D., Professor of Obstetrics and Diseases of Women, etc.

HOWARD SMITH, M. D., Professor of Materia Medica.

L. L. CRAWFORD, M. D., Professor of Principles and Practice of Medicine.

HENRY F. CAMPBELL, M. D., Professor of Surgery.

ALFRED C. HOLT, M. D., Professor of Clinical Medicine.

A. E. PETICOLA, M. D., Professor of Anatomy.

J. D. BURNS, M. D., Professor of Physiology and Pathology.

Chair of Chemistry will be filled at an early day.

W. S. MITCHELL, M. D., Adjunct Professor of Anatomy and Special Lecturer on Ophthalmic Surgery and Diseases of the Eye.

JOS. HOLT, M. D., Assistant to the Chair of Obstetrics.

A. W. PERRY, M. D., } Demonstrators of Anatomy.

FRED. LOEBER, M. D., }

The Eleventh Annual Course of Lectures in this Institution will begin November 12th, 1866, and end March 16th ensuing. A Preliminary Course will begin October 15th, and will be free to all persons.

The Faculty, under the laws of the State of Louisiana, are Visiting Physicians and Surgeons to the great Charity Hospital, situated at the very door of the School, and their pupils have free access to the wards.

This Institution is amply provided in all respects for Didactic and Demonstrative Lectures, and the course will be thorough; but *daily bedside instruction*, the great feature of the School, is, on account of the location, really practicable, and will be pursued most thoroughly.

To effect this great object to the fullest degree, the Faculty are organizing an efficient corps of Assistants, and all the specialties will be practically illustrated.

The Dissecting Rooms are unsurpassed for extent and comfort, and will be opened on the 15th of October.

Dissecting material will be furnished gratis.

Twelve resident students for the Charity Hospital are annually elected.

FEES:

All the tickets.....	\$140 00
Matriculation, paid but once.....	5 00
Practical Anatomy.....	10 00
Diploma in Medicine.....	30 00
Diploma in Pharmacy.....	15 00

Candidates for graduation must be twenty-one years of age; must have attended at least two full Courses of Lectures; in an accredited Medical School, the last of which must be in this Institution; must have studied medicine three years; and must undergo a satisfactory examination before each member of the Faculty separately.

Board and lodging can be as cheaply procured in New Orleans as in any large city in this country.

D. WARREN BRICKELL, M. D., *Dean*,
185 Carondelet Street, New Orleans.

495—499

THE CONNECTICUT MUTUAL LIFE INSURANCE COMPANY

IS THE LARGEST IN AMERICA.

It has the largest amount insured.

It has the largest surplus.

It has the largest income.

It has the largest business.

It has the lowest average expenses.

It obtains the highest rate of interest on its investments.

(See *Massachusetts Insurance Reports*.)

It therefore affords Life Insurance at less cost than any other Company

DIVIDEND OF 1866,

(NOW BEING PAID.)

SIXTY PER CENT.

All Policies issued by this Company are either

NON-FORFEITABLE

by their terms, or may be converted into those which are non-forfeitable, at the option of the insured.

WALTER H. TILDEN, *Agent*,
404 Walnut Street,
Philadelphia.

472—501*

PHILADELPHIA

SCHOOL OF ANATOMY & OPERATIVE SURGERY,

COLLEGE AVENUE (CHANT STREET),

Entrance, last door, North Side.

This institution is now open for the winter.

Every facility is afforded those wishing to study Practical Anatomy and Operative Surgery.

A complete course of Lectures on Anatomy, taught chiefly with reference to its surgical relations, will be delivered, commencing October 1st, to continue throughout the season. The lecture hours will be so arranged as not to interfere with those of the College Courses.

Candidates for admission or promotion in the Army or Navy will find in the Private Operating Rooms of the School means for thorough preparation.

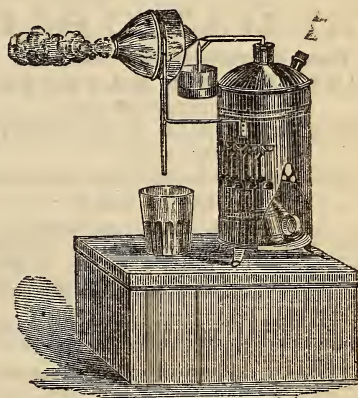
TICKETS \$10.00.

For further information, apply to

HARRISON ALLEN, M. D., *Lecturer*,
21 North Tenth Street;

Or, D. D. RICHARDSON, M. D.,
No. 603 Spring Garden Street.

497—503



THE NEPHOGENE.

The most compact, complete, and *cheapest* steam apparatus yet devised for atomizing medicated fluids for inhalation.

Securely packed for transportation in a metallic box, which also serves for a stand when the instrument is in use, and obviates the necessity of any additional fixtures. Can be used with any kind of atomizers.

Sent by express, on receipt of the price, to any part of the United States and Canada.

Price, \$10. Extra Face Protectors, \$1.00.

Every instrument will be thoroughly tested and warranted perfect in every respect.

"MASSACHUSETTS GENERAL HOSPITAL,
Boston, June 11, 1866.

WILLIAM READ, M. D.:

Dear Sir—The apparatus for atomizing medicated fluids for inhalation, arranged under your direction, has been used for some time in the hospital with entire success. It is perfectly safe, compact, and easily applied. I take pleasure in saying that it is the simplest and most convenient atomizer I have ever yet seen.

Yours very truly,

BENJAMIN S. SHAW, M. D.,

Resident Physician and Superintendent,
Massachusetts General Hospital."

WILLIAM READ, M. D.,
873 Washington Street,
Boston, Mass.

485

SURGICAL INSTRUMENT MAKER.—LOUIS V. HELMOLD, No. 135 South TENTH Street (opposite the Jefferson Medical College), Philadelphia, manufactures and keeps constantly on hand a general assortment of SURGICAL INSTRUMENTS, of the finest quality and most approved pattern.

173

Will be sent to mail when requested, a pamphlet on "Atomization of Liquids," and Thudichum's method of treating Catarrh. By distinguished medical authority, with description of apparatus for these purposes, and for producing Local Anæsthesia by freezing with Rhigolene, as described by Dr. BIGELOW of Boston; or with Ether, as employed by Dr. RICHARDSON of London. Our Rhigolene freezes the flesh in from two to five seconds, and in two to ten seconds when used with Rhigolene, and in about one minute with pure Sulphuric Ether.

"I have thus far found nothing better for freezing with Rhigolene than the tubes made by you after the pattern I gave you and which I still use with your other apparatus"

Also,

488

CODMAN & SHURTLEFF,
13 & 15 Tremont Street,
Boston, Mass.

From Mineral Springs, containing
IODINE AND BROMINE,
MANUFACTURED BY THE
PENNSYLVANIA SALT MANUFACTURING
COMPANY.

STRUMATIC SALT,
in the treatment of Scrofula and other kindred diseases.

It contains a considerable amount of Iodides and Bromides—combined with other salts—such as Chloride of Magnesium, Iron, Potassium, Sodium, and used in the form of baths, becomes a very acceptable substitute in diseases where their internal use is contra-indicated.

The Salt is prepared from the menstroom of Salt-wells of the Pennsylvania Salt Manufacturing Co., and every attention has been given to their purity.

The application of Strumatic Salt Baths is especially to be suggested in enlarged glands, and in that depraved condition of blood in which an alterative and tonic treatment is so much needed; in Rheumatism, it is especially adapted, in tertiary syphilis, cutaneous diseases, and diseases of the bony structure.

Despot for the sale of the Strumatic Salt, at

For sale by
—153—504

Securely mounted for distant places.
One crust, or one capillary tube of liquid lymph, \$2.00 each.

EPHRAIM CUTTER,
Ex. off. a Vice-President of the
Mass. Medical Society,
Address, 13 Pemberton Square,
Boston, Mass.

NOW READY.

**BIOGRAPHICAL SKETCHES
OF DISTINGUISHED LIVING
NEW YORK SURGEONS.**

By SAMUEL W. FRANCIS, A. M., M. D.,
(Fellow of the New York Academy of Medicine, Author of
"Mott's Clinics," "Water, a Philosophical Treatise,"
"Inside Out," a Psychological Novel, etc., etc.)

Reprinted from the Medical and Surgical Reporter.
One Volume 12mo., containing a beautiful steel engraving of the late Dr. MOTT, together with interesting sketches, anecdotes, and lists of the works and particular operations of Drs. MOTT, VAN BUREN, POST, J. R. WOOD, BATCHELDER, STEPHEN SMITH, etc., etc. Published by

JOHN BRADBURN,
New York.

PRICE \$1.25.

 For Sale also at this Office.

For Single Copies	\$0 75 each.
“ “ “	3 00 per annum.
“ Four “ to one address.....	11 00 “
“ Six “ “	16 00 “

For Quarter Page.....	\$5 00	per single insertion.
" " ".....	15 00	per annum.
" Half ".....	10 00	per single insertion.
" " ".....	20 00	per annum.
" One ".....	15 00	per single insertion.
" " ".....	30 00	per annum.

A deduction of $33\frac{1}{3}$ per cent. is made for each additional page.

Original Communications, to be admitted into this Journal, must be communicated to it alone; for if contributed to several Medical Journals simultaneously, they will be considered in the light of Advertisements. We desire our columns to afford the Profession generally the benefit of such facts as are not published in other Medical Journals, coming under the observation of our Contributors.

All Communications and Correspondence must be written upon one side of each page, in order to insure their insertion.

On one side of each page, in order to insure their retention. All Communications, and Books for review, should be sent free of expense; and all requests for information, regarding matters of interest to the writer, should be accompanied with the usual postage.

As a channel of communication to Physicians in the West, Northwest, and Southwest, this Journal offers peculiar advantages for advertising Medical Books, Instruments, Colleges, Drugs, Medicines, etc.

All persons transmitting moneys to us will please send by registered letters or post-office orders, as we cannot be responsible for money sent in letters not registered.

Exchanges, Business Letters, Subscriptions, Moneys, and Communications should be addressed to

FRANK W. WHITE, M. D.,
Box 3060, P. O.,
Office—S. W. cor. 9th and Locust streets,
St. Louis, Mo.

Varving in Price from \$20 to \$400.

Microscopic objects of the following subjects in great variety :
Anatomical preparations injected and mounted, both wet and dry. Sections of bone and teeth, Specimens in Natural History, Specimens in Chemistry for the Polariscope, etc., etc.

Also glass slips, thin glass covers, Canada balsam, marine glue, etc., and for mounting objects, and in fact every thing required by a microscopist, made and for sale by

JAMES W. QUEEN,
924 Chestnut Street,
Philadelphia.

A SEMI-MONTHLY RECORD OF

T. S. B. ALLEYNE, M. D., and O. F. POTTER, M. D., *Editors.*

Subscription, \$3 per annum, or 4 Copies
for \$10. in advance.

ADDRESS,
P. M. PINCKARD, *Publisher*,
No. 80 Pine Street, St. Louis,
MISSOURI.

SEND FOR A SPECIMEN COPY.

DA COSTA'S MEDICAL DIAGNOSIS.

Second Edition. Just Issued. Price \$6.

For four new Subscribers to the MEDICAL AND SURGICAL REPORTER, and the money for a year (\$20), a copy of this original and popular American work, which has been thoroughly revised, with the addition of much new matter, will be sent. X

THE MEDICAL AND SURGICAL REPORTER.

No. 500.]

PHILADELPHIA, SEPTEMBER 29, 1866. [Vol. XV.—No. 13

ORIGINAL DEPARTMENT.

Communications.

UTERINE DISPLACEMENTS.

BY A PHYSICIAN IN CONNECTICUT.

I have been much interested of late in reading the communications of Drs. GRISCOM, BANNING, and others, published in the REPORTER, on the above subject, for the main reason that I have treated such cases almost continuously for a number of years past, and am now engaged in the management of some. I therefore naturally feel a desire to compare my experience with theirs, with which, as well as with their observations generally, I am pleased to state that I am ready to concur. The derangements under consideration are of more frequent occurrence than is generally supposed, and for their removal our best efforts and judgment are often put in requisition.

As a supporter, I have used all kinds of pessaries that I know of, but give the preference to that known as the "horse-shoe" pessary, for with it I have best succeeded. But it is not of easy application, as those who have never used it will find on trial, and requires judgment and an acquaintance with the matter to adapt it.

I always invest the instrument with some extraneous covering, as sponge or animal membrane, so that it shall rest more securely, and not abrade the parts. I prefer the membrane, which I am using now, as it is not easily decomposed and partakes of qualities similar to that of the parts with which it is to be placed in contact. I have at present a case on hand, which I will briefly relate, which will give a better exposé of my views than I can otherwise do.

Miss —, a delicate lady, nearly twenty years of age; sent for me on the evening of April 26th, 1866. On my arrival, I found her suffering much with ischuria, which had afflicted her for some time previous, but never more sorely than at present. Various things had been tried, but with no permanent success. I advised the catheter as being likely to afford the quickest relief; it was used with success and entire relief for the time. I no-

ticed some inflammation about the parts and ordered a saline diuretic. I told her I thought it would answer then, and was retiring, when she asked if I had trusses. I told her I had. She said she had had a "burst," and had been advised to wear one. She said she could not cough, (though quite disposed to,) laugh, sneeze, or turn in bed, (being able to sit up for only a few minutes at a time,) without applying both hands to the abdomen, because she felt as if her "inwards would come through." I told her I should have to examine, in order to see what kind of truss would be required, and on doing so discovered at once that she had no rupture at all—nothing of the kind. I told her so unequivocally.

Well, what could it be? She had been living two or three years in a part of the State some distance from home, and had been under the care of a very skilful physician for eight or ten months, and she supposed he understood her disease. I told her it might be that she had uterine disorder. That was a new idea to her. She had been treated for dyspepsia in its worst form. Stomach very capricious, with paralysis of the upper extremities. I examined the spine, found nothing wrong there, and after stating my views plainly, she consented to be examined.

I found the uterus, or so much of it as was accessible, and the entire passage to it quite inflamed, as proved by great tenderness, tenseness, heat, etc., and a complete ante flexion or version of the uterus, the fundus lying against the os pubis, the inferior portion of the uterus (os uteri) resting on the perineum completely down, and it was with great difficulty that I could reach the os uteri at all, as it was thrust back against the rectum.

I now had a key to the case. The uterus rotating as it did on the pubes, when the muscles were called to act, caused the bursting sensation, as the sequel has proved; also the difficulty in voiding urine, because the womb at times pressed the urethra.

Costiveness had been a great trouble; her bowels not moving oftener than once in ten or twelve days, for the reason that the transverse position of the womb obstructed the rectum. I

told her at once that her only chance depended on a proper restoration of the womb, and therein was a chance. She said the picture to her was dark, and that she did not expect to get well. She had taken iron profusely, and other medicines skilfully prescribed, but never seemed benefited. She consented to my making a trial. I told her it would take some months probably to accomplish much. I had no supporter with me, but extemporized one on the spot, and after bringing the womb to its proper position (which is easier said than done), I applied my supporter, which was rather small, and compressible of necessity, since if it had been large and firm, it could not have been applied for obvious reasons: and after continuing the same for some time, until the parts had become more tolerant of appliances, I resorted to the *horse-shoe*, which has more than exceeded my expectations, and she is now almost well, cheerful, happy, and attending to her business. Dyspepsia, which she had been so long treated for, as well as paralysis, are no longer even thought of; her appetite is excellent, and every kind of food acceptable. She gains flesh daily. Her urine is now voided as freely as any other person's; costiveness has no existence. She is all right; a cough, and bronchitis which she had had, I have treated successfully. The latter was severe when I first saw her. I examined her chest thoroughly and found no fixed disease of the lungs, as she had been told; resonance good, except a small portion of the inferior right lobe. And what had been above all others, the bane of her existence for years, annoying her constantly, was profuse leucorrhœa; her clothing was frequently much soiled by it, but it is now all gone, much to my gratification. For this trouble I directed her to use detergent solutions. For bronchitis she applied to her chest every night a napkin moistened with an astringent mineral solution. I have given her but little medicine. She took enough before I saw her. I have strictly cautioned her against using opium or morphia. She has had none, with the exception of a mild opiate for her cough, so as to enable her to rest at night. With her nervousness I could easily have induced the habit of using opium, but, thank God, I have been careful, because I consider such a habit, confirmed in a young person, equivalent to death.

I have extended my contribution to a length to me unexpected, but the importance of the subject must be my apology. If I never should have the good fortune to rescue another fellow-being from the grave, I should feel as if, on the

result of this case, I had not lived in vain. The patient is still under my care, as a precaution against relapse. I have always attended to her requirements personally. Much depends on doing things rightly and thoroughly. The patient (with her immediate friends) is much delighted at her convalescence. The details of this case are known only to myself and the above.

DISEASES OF THE MOUTH.

By JAS. E. GARRETSON, M. D.,

Of Philadelphia.

Syphilitic Necrosis.

The hard and soft palates seem particularly liable to suffer from attacks of specific disease, the venereal ulcer of these parts being looked upon as about the most common of the constitutional associations. That these ulcers, are, however, strictly venereal, I am oftentimes led to doubt; certain I am that they appear and exist with greater virulence where mercury has been used with unnecessary freedom. Venereal ulcers of the parts are of two kinds: The superficial, and the ulcer of necrosis; either of them being very well represented in general appearance by the non-indurated chancre. The superficial ulcer may be found both upon the hard and soft palates, but is much more common to the latter. These ulcers—as the chancre—vary in size and character; being sometimes very amenable to treatment, at others resisting, and phagedenic, even to the destruction of the parts. Their treatment is to be conducted on general principles. I really know of few surgical conditions requiring nicer general judgment or more attentive care; it is to blow hot to-day and cold to-morrow, and vice versa. As a rule, these ulcers are found oblong in form; from an eighth to a half of an inch in length; more or less excavated, the cavity being filled with a dirty, white semi-solid paste. Their truest comprehension—my experience leads me to infer, (as viewing them for treatment is concerned,)—is found in considering them as of scorbutic association.

Touching them locally with the acid nitrate of mercury, or with a mixture of equal parts of iodine and creosote, not unfrequently causes them speedily to assume healthy action. I have never seen a case in which the internal exhibition of the mineral acids did not seem to be in some degree useful; and particularly have I found this to be the case where a phagedenic tendency existed. Whatever remedies, however, may be employed, the venereal basis of the trouble is always to be kept in mind. Syrup of the pyrophosphate of iron, conjoined with minute

doses of corrosive sublimate and the iodide of potash, will, under certain conditions, compel these ulcers to disappear, as if by magic, particularly, if locally, some caustic be employed.

The ulcer of necrosis, looking like the preceding, differs from it, in having some sinus leading from the pasty mass, which constitutes its apparent bottom, to dead or dying bone beneath. The ulcer in this case is not the trouble to be cured; and indeed, could not, of course, be cured while the underlying disease existed. Ulcers of this class, being an attendant condition, are always situated over bone, generally about the suture of the maxillary and palate bones. They are always preceded by a tumid and engorged state of the part in which they are situated, indicative of the osseous trouble beneath. The character of this tumidity is always a matter of much concern; as in proportion to its solidity will generally be found the extent of destruction in the soft parts; the variability of this destruction is seldom, however, in proportion to the disease below. I have seen the whole palatine process die while the indicative ulcer has not been larger than the eighth of an inch in circumference; on the contrary, I have witnessed the smallest sequester attended with the largest ulceration.

Incisions into and through this tumid engorgement, will always be found satisfactory practice. The cuts are to be made, however, with judgment, always taking into consideration the vitality of the part. These incisions, if made through the periosteum, will frequently be found to exercise quite a controlling influence on the ostitis, just as in cases of ordinary necrosis, while their effect upon the soft parts is always for good. The treatment which should succeed the incisions, is only to be determined by the circumstances of each particular case. Not unfrequently it will be found amply sufficient to keep the parts well cleansed, and await the coming away of the sequestrum; never, however, forgetting to meet the constitutional indication. In other cases—as when, for example, the phagedenic type is assumed—the most vigorous and well directed treatment is necessitated.

When cases are first seen in the open ulcerated condition, semi-indolent, as is frequently the case, I know of no treatment equal to packing in the ulcer cotton, saturated with creosote and iodine. I have had cases come to me for treatment, where the bone would be found exposed to the size of a silver three-cent piece, and where all the consequences of a large opening into the nares were to be apprehended, and yet by such an application, repeated every other day, allowing the cot-

ton to remain in the ulcer during the intervening time, I have, in the course of two weeks, granulated the denuded bone entirely over, and the parts have remained permanently cured.

Breaks occurring in the hard palate, associating the oral cavity with the nares, are easily remedied by a covering of gold or silver plate. An impression of the full roof of the mouth is taken in wax. Into this plaster, in cream form, is poured; to the coat thus procured is fitted the plate of metal, supported by the teeth, or by atmospheric pressure, precisely as in the case of a plate for the attachment of teeth. Any reasonably ingenious mechanical dentist can meet the indications.

In breaks of the soft palate, there are few appliances better than a simple wad of cotton; this may be changed *pro re nata*.* Astonishing results in the way of diminishing or closing these breaks, both in the hard and soft palates, may not unfrequently be secured by freshening the edges, and touching every second or third day with zinc, iodine, or acid nitrate of mercury: great care, however, is to be exercised in this practice not to over-excite the parts, very ugly degenerating inflammations being sometimes the result of such stimulation.

An ugly feature in the superficial syphilitic ulcer is its tendency to recur. The palate, looking perfectly healthy to day, will assume to-morrow an indolent relaxed type, becoming semi-yellowish, some point or other will take on a fatty look, and in a few hours breaks down into an ulcer; this may recur a dozen times; the explanation is to be looked for in the systemic condition. An acid tonic treatment being generally called for. Such recurrence of the ulceration may extend over a period of six or eight months in defiance of the most careful attention. I have certainly found it so in my own practice, and imagine it is a common experience. The salt-bath in these cases will be found invaluable.

[To be continued.]

— THE ASTLEY COOPER PRIZE. The ninth triennial prize of three hundred pounds, under the will of the late Sir ASTLEY P. COOPER, Bart., will be awarded to the author of the best essay or treatise on the disease known as Pyæmia. Essays, either written in the English language, or if in a foreign language, accompanied by an English translation, must be sent to Guy's Hospital, on or before January 1, 1868, addressed to the Physicians and Surgeons of Guy's Hospital.

* For Minute Paper on Palatine Defects, see REPORTER, January 11, 1862; January 18-25; February 1-8-15.

VESICO-VAGINAL FISTULA:

Its History and Treatment.

By D. HAYES AGNEW, M. D.,

Demonstrator of Anatomy and Assistant Lecturer on Clinical Surgery in the University of Pennsylvania; one of the Surgeons of the Pennsylvania Hospital; and one of the Surgeons of the Wills Hospital for Diseases of the Eye.

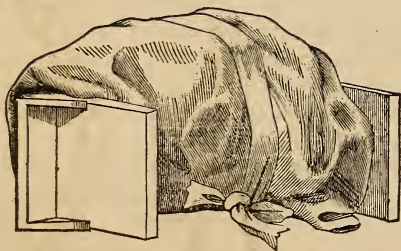
(Continued from page 195.)

Agnew's Operation.

Having presented the various operations in historical succession, I proceed to state the plan of treatment practised by myself for several years, with results the most satisfactory. Nothing original is claimed for the method. Except in a few particulars, it does not differ from modes pursued by others.

Arrangements for the Operation. Among the first things to be attended to is the bed on which the patient is to lie. This should be a firm mattress; but should the circumstances of the patient be such as not to command this, a feather bed may be well beaten down and covered with two or three comfortables, so as to give it a certain degree of solidity. Over that part where the hips are to rest there should be spread a strip of oil-cloth, and over this a folded sheet, the object being to protect the bed. A low stool should be procured and turned upon its side, over which should be placed one or two folded blankets, and over these again a piece of oil-cloth, the whole to be secured by a few turns of a roller. (Fig. 42.) This forms an excellent support, across which the patient is to be turned.

FIG. 42.



Stool covered, over which to place the patient.

cases administered this agent with the most satisfactory result.

Assistants. There will be required four assistants; one for the sponges, one for each lower extremity, and one for the anæsthetic. As such an operation is rarely completed in less than half an hour, and may be prolonged to even two hours, the assistant having charge of the anæsthetic, should be perfectly familiar with his duty.

Time to Operate. As a good sunlight is all important to the successful execution of this operation, the forenoon of a clear day should be selected, and a room whose windows have an eastern or southern exposure.

Instruments. The instruments which have been and are still being invented for this operation constitute a most formidable armamentarium. I shall content myself by presenting a list of such as compose my own case, and which I have found to answer every purpose.

A duck-bill speculum (Fig. 43); two long-handled scalpels (Fig. 44); one pair of long rat-toothed forceps, slightly curved, with an attachment at the end of the handle, embodying the adjustor, for running down the wires and the crotchet to favor by counter-pressure the passage of the needle through the distal side of the fistula (Fig. 45); a needle-holder which can with one hand be detached from the needle, or again made to grasp it, and by which the needle can be introduced at any angle (Fig. 46); one pair of long scissors, curved a little on the flat (Fig. 47); a shot compressor (Fig. 48); this instrument, to be efficient, should have strong handles, and the articulation less than half an inch from their extremities; a shot perforator (Fig. 49); two sigmoid self-retaining catheters (Fig. 50); the openings in which should be very small, otherwise the mucous membrane of the bladder will insinuate itself through them, and become strangulated, rendering its withdrawal impossible without tearing the incarcerated portions; one dozen of needles; these should be constructed with great care, seven-eighths of an inch in length, slightly curved for one-fourth of an inch at the extremity, the cutting-edge confined only to the extent of the curve, and sufficiently wide to allow the proximal part to pass without tugging and pulling, as is too often the case. The eye should be well sunken, so as to bury the thread, and the whole so tempered as to bend, rather than break; fine silver wire; some No. 3 shot, and twelve or fourteen inches of light gum-elastic tubing, to slip over the end of the catheter, and thus convey the urine to a bottle or other vessel, placed between the patient's limbs.

There will be required two basins, one bucket for cleansing, and another for the bloody water, several mops or sponges; readily formed by securely tying small pieces of soft clean sponge to the ends of sticks or pieces of whalebone; a six or eight-ounce syringe, and some pieces of ice. There is some difference of opinion as to the exhibition of an anæsthetic. In no operation do I think its exhibition more imperative than in vaginal fistula. The position and exposure are calculated to shock the feelings of any female possessed of ordinary sensibility, and I have in al-

FIG. 43.



FIG. 44.



FIG. 45.



FIG. 46.



FIG. 47.

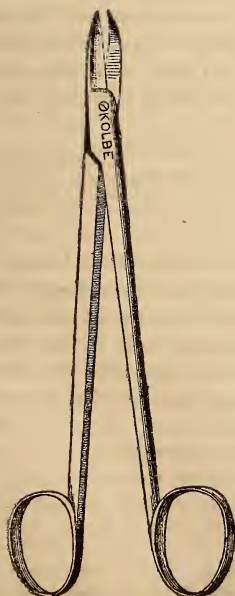


FIG. 48.



FIG. 49.



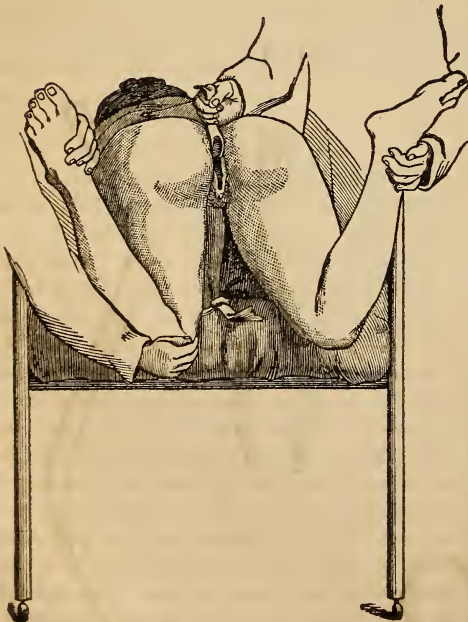
FIG. 50.



Operation.

The patient having removed all her clothing, save a chemise and night-gown, lies down upon the bed, and is brought under the influence of the anæsthetic, nothing having been communicated to her about the position in which she is to be placed. When sufficiently unconscious, the stool, prepared as directed, is placed across the foot or side of the bed, and the patient carefully lifted, and placed over it, resting on her abdomen, two or three pillows being laid under her breast and head in such a way as to form an inclined plane. The head must be turned on one side, and a free access of fresh air admitted to her face. The person having charge of the anæsthetic must take his position so as to have a full command of the pulse and countenance, keeping her perfectly passive, without profoundly impressing her. There are periods in the operation when very little need be given, as when the surgeon is waiting for the bleeding to cease; and again, when the apposition and adjustment are being effected; at such times very little pain is inflicted. The legs, being next flexed upon the thighs, are given over to assistants. The operator now takes the speculum, smeared with oil, and introducing it into the vagina, commits it to one of the assistants having charge of the limbs, who draws it

FIG. 51.



Exhibits the woman resting on her abdomen over the stool placed across the bed, and the assistants supporting the limbs, one of them also holds the speculum, which has been passed into the vagina.

firmly toward the rectum, when the air, entering the vagina, expands the tube in the most satisfactory manner. (Fig. 51.) The surgeon now takes his seat in a position to command a full view of the fistula, and seizing its lower margin with the forceps, enters the knife from three-eighths to half an inch from the opening, bringing it out just short of the vesical mucous membrane, and by successive sawing movements, paring away, until the entire circumference of the fistula has been freshened. Should the mucous membrane of the bladder protrude, a piece of sponge may be pressed through the opening to keep it out of the way. The greatest difficulty in executing this part of the operation will be experienced at the angles, or commissures of the opening; and too much care cannot be observed, that no point be overlooked. If it is properly done there should be at least three-eighths of an inch, or more, of oblique raw surface, visible everywhere around the fistulous opening. The tendency to inversion of the vagino-vesical septum is so great, that unless a considerable extent of tissue is removed, there will be danger of not having a sufficient amount of raw surfaces apposed to secure adhesion. There will be cases and situations in this freshening process, where the scissors come in more advantageously than the knife; such will naturally occur to the surgeon as he proceeds. Where the fistula is very small, receiving, for instance, only the end of an ordinary probe, some advise transfixing with a long awl-shaped instrument, and raising the sides, by a single stroke of the knife cut out a sufficient amount of tissue. There is a very ingenious instrument (the author of which I cannot recall), (Fig. 52), with a conical extremity standing at an angle with the shank, the

FIG. 52.



base of which is surrounded with sharp teeth, designed for controlling the edges of such fistulæ. The apex of the cone is inserted into the opening, and pressed through; then, by withdrawing it, the teeth become fixed into the circumference, when the knife may readily excise at a stroke the included tissue.

[To be continued.]

— EARLY MENSTRUATION. A case of menstruation in a child five years of age, is mentioned by Dr. AMES, in the *Chicago Medical Journal*.

— DR. LAYCOCK has lately suffered amputation of the thigh, for an old affection of the knee-joint.

PHYSIOLOGICAL AND PATHOLOGICAL
RELATIONS OF THE TRUNKAL MUS-
CLES, WITH THE THERAPEUTIC INDI-
CATIONS INVOLVED.

By E. P. BANNING, M. D.,

Of New York.

(Continued from p. 235.)

Curative Indications in Prolapsus Uteri.

At this stage of the discussion, it follows as a simple matter of course that, in uterine displacements, the first indication is to correct the pelvic bearings toward the uterus, in order to the eligibility of any other remedy to a radical success. But, before fully considering this proposition, I propose first to glance at the merits of older and far different views, which, either separately or collectively, have been the basis for treating this malady.

1st. As until within a few years, this affection has been regarded either as an uncomplicated and independent local weakness in itself, or as a mere local development of a *constitutional* fault, it was laid siege to by the year with tonics, antispasmodics, nervines, and astringents. But, passing the soundness or unsoundness of such a pathology, and also all question as to the selection of remedies, the merits of this view may be summarily disposed of by the light of its own *history*, which seems to be made up of three items, viz., 1st, a tedious failure; 2d, a long bill; 3d, no professional prestige resulting. And what better could be rationally expected, in view of the fact that the main operating elements in the case are as *mechanical* as in those of fractures and luxations. Indeed, as well might we expect a pulv. ip. comp. to act as a modern fracture-splint, a dislocation of the hip to be reduced by an alterative dose of blue mass, or total depravity to be evacuated by tartar emetic.

Said a very distinguished man to the writer, "I dread this class of cases; they will neither recover nor die."

Next, under the idea that the displacement is mainly the result of "general debility" of the system, and specially of local exhaustion of the vagina and uterine ligaments, many, either with or without constitutional treatment, propose to meet the requisites by *rest* in perpetual recumbency. But here also, immediate palliation excepted, the history of the treatment is that of failure, as ought to have been expected. The utmost ever gained by this process, in confirmed cases, being improvement barely sufficient to serve as the basis of a relapse. Nor ought this to excite surprise, since it is known that *action* (according to order) is the law of accumu-

lating vigor in all tissues, and that the immediate comfort derived from recumbency is more than overbalanced by the enervating effect of inaction upon the visceral functions, and the ligamentous and muscular energies.

Others, seizing upon this isolated truth, pursue just the opposite regimen, under the idea that a dormant condition of all the parts directly or indirectly concerned is the cause, which is to be immediately attacked by enforcing the law of labor, consequently, (irrespective of secondary conditions, which have now become independent of their primary cause,) the patient is put to riding, walking, climbing, gymnastics, etc., under the questionable logic that causes and cures must be opposites, and bear some analogy to each other. This reasoning, if it were applied only where the effect has gone no further than the cause has pushed it, and exists no longer than the procuring cause continues to operate, might do. But in the premises, when the case comes to treatment, we have to meet the *effects*, isolated from their constitutional causes, and treat them as independent conditions; consequently, to waste time and strength in endeavoring to educe muscular strength by labor, when the uterus is already in the inferior strait, and even resting on the perinæum, or in the meatus, is but to aggravate and confirm the prolapsus. In my experience, I have ever noticed such to be the result of this merely *logical* therapeutics. The fact simply is that the abettors of such a treatment have failed to discriminate between what might have *prevented* and what will cure uterine displacements; or, in other words, they have perceived *some* truth, and mistaken it for *the* truth, and in so doing have exemplified the fact that *truth misapplied becomes practical falsity*; and this all the more from its close alliance with truth.

But at the present day, the profession generally have abandoned the exclusive practice of these ideas and modes, and are recognizing the absolute necessity of some *mechanical* aid in the premises. Although this conclusion does not seem to be based upon a comprehensive survey of all the bearings in the case, but simply upon the non-success of the old modes, and the fact that the uterus, being unable to hold itself up, must be *propped up*. This is a very direct rule of reasoning, and if neither anatomy nor philosophy had anything more to teach, the soundness of the conclusion would be unquestionable. Consequently, the desideratum has been sought in some form of support *within* the pelvic cavity. But, whilst this is a move in the advance, here too the highest expectations have been dashed, the success

nearly never extending beyond a little immediate *rest* at a great expense; in other words, a temporary palliation of one evil by the institution of a greater.

But before discussing this point, I *submit* that, if uterine displacements must be relieved by pessaries, it is certain that the latter should act in the interest of the following items, viz., the education of the contractile energy of the round and broad ligaments; the elongation and circular contraction of the vagina; and the protection of the perineum and vulva from weight, and of the uterus from direct pressure from any extraneous substance; and in laying down these propositions as fundamental, I certainly cannot hazard a single *reluctant* assent.

Pessaries.

Of these there is a multitude, and the variety of their effects corresponds with their number, the respective characteristics of all of which are embraced within the four following classes: Those which propose, by their *bare volume*, to crowd the uterus, *per force*, to its normal altitude; those which are less voluminous, and act by resting upon the vagina; those which support chiefly by resting their distal points upon the rectum and pubes, and those which support the uterus from an external base. But, as will be seen, not one of them can accomplish more than questionable good, and that little is in direct contravention of the interests indicated above.

The Globe Pessary.

Of the first class, which act by their bare volume, the *globe* stands foremost. In ordinary prolapsus, without version or flexion, the uterus is usually compelled by it to be elevated, provided the apex of the globe strikes the os fairly; but in case it does not, then the uterus is shoved back against the rectum, and very little if any elevation is effected.

But if you assume the utmost to which the globe is eligible, its use must in the end be subversive of a permanent good, as its distension of the vagina and pressure upon the perineum and vulva must steadily increase their surface and their weakness, and compel a steady increase in the size of the pessary until it entirely fills the inferior strait, overcomes all the reactive powers of the vagina and perineum, and finally, large as it may be, cannot be retained during defecation, coughing, etc. This I have seen confirmed by ladies exhibiting to me a set of these globes, (each of which they had used successively,) varying in size from that of a billiard-ball to that of the smallest used in the bowling-alley—at least the size of the largest was nearly incredible—and

yet so perfect was the relaxation of the vulva, produced by the wedging action of the globe, that she would introduce it in a twinkling, and expel it with a most inconvenient facility. A digito-vaginal examination showed the pelvis full of the pelvic and abdominal organs, and when the patient is recumbent, the pelvis is empty, and the perineum and vagina as destitute of all contraction as a wet bladder. This condition most obviously is often the result of the *remedy*, and not of the primary malady. But, notwithstanding all this, there are not wanting intelligent men who are so *stupid* as to advocate the treatment of prolapsus by this form of pessary.

"Doctor," said one practitioner, "of all the means for relieving prolapse, it is my opinion that the *globe* pessary excels them all; for, being round, it enables the contracting perineum to gradually wedge it up higher and higher, whilst it has not an opportunity to wedge up the flat pessaries in this way." To this I propounded two questions, to which I have never yet received an answer. To wit; "If prolapsus originates in the pelvis, and there is such vigor in the vagina and perineum, how came there to be any prolapsus, and what need was there of any distending globe to wedge up? Or, if there is such a deficiency of strength in the vagina and perineum as to cause prolapsus, where, in the name of Esculapius (in this bankrupt state), is this surging strength in the perineum, to wedge up the globe, to come from?"

Circular, Square, and Oval Pessaries.

But the most common form of pessaries, belonging to the first class, are of a circular or oblong form. They practically differ from the globe, chiefly in this, that whilst the area of their circumference is usually greater than that of the globe, they are flatish, and essentially thinner, with an opening for the partial reception of the os. These, compared with the globe, are less pernicious; for, whilst they equally shorten and distend the vagina, and so increase its weakness, their flatness and thinness protect the perineum, comparatively, from this downward wedging action of the globe upon the perineum and vulva. They also produce less bruising and indurating pressure upon the os, and secure a more certain elevating action upon the uterus.

But, having said all, such is their irritating and distending influence as to almost surely induce leucorrhœa, and often congestion, irritation, induration, ulceration, and scirrhus, by pressure on the os; compel the patient to wear them as an *institution*, and accept of prolapsus as her heritage; such says history. Of this latter class,

those composed of glass are the most reprehensible, owing to their weight. The balance of the account against *all this* class of pessaries is, that they render their little temporary support by *resting upon other parts which themselves need supporting*.

Of the second class of pessaries, the double S and the horseshoe constitute the chief of those which are worthy of notice. In the main, I regard these instruments as superior to all others; not in that they accomplish so much more, but in that their use is attended with fewer evils.

The double S may be called an oblong hollow square, of round metal or rubber rods, and is of insignificant weight compared with most others. When introduced, it floats in the pelvic cavity, and gives support to the uterus, only in proportion as the vagina is strong enough to force it upward; or, in case of a very weak vagina, in proportion as its area is so large as to totally distend the vagina, and so find a point, much as a *sweep* maintains his position by pressure on the walls of the chimney. In this way, not only, is the pessary supported, but, by its distension of the vagina, the inferior portion of the latter (if it has any remaining strength), is forced upward into the hollow of the square, and gives some support to the os.

But, be it now remembered, that all the support the double S can give to the uterus is derived from the vagina, and at the expense of its distension; and, that whilst some respite from the local and sympathetic symptoms of prolapsus may result, it is at the expense of a weak part, which must ultimately *bankrupt*. The principal advantage over the first class of pessaries is, that of *its lightness*, and the protection of the os, the perineum, and the vulva, from pressure. But the amount of its support to the uterus must be in the exact ratio of its improper and distending pressure upon the vagina; and, in uterine *versions* and *flexions*, it, or any of its class, can never be effective, as it is without an external base, and must lack a point from which to restore the uterus to its normal axis.

Another form of this S pessary is simply longer and narrower, with a view to less lateral distension of the vagina. But, it is found, that in proportion to the narrowness of the S, the greater is the difficulty of keeping it in position; consequently its support is even less reliable than that of the wider one. Besides all this, the act of defecation is either obstructed by the pressure of both these instruments on the rectum, or else they will be displaced by that act.

To obviate these casualties, the U, or horse-shoe

pessary has been tried. It consists of the double S open at one end. But, whilst it obviates the obstructing or displacing effect of contact with the rectum, if the open space is wide enough, and the instrument be in its precise proper position (which is very problematical), still, if the instrument be *long enough* to secure its supporting position, the small surfaces at the open end of the instrument are liable to produce painful pressure upon the sacral nerves, and an ulcerative pressure upon the soft tissues against the unyielding sacrum.

A fourth form of this class is the ring pessary, which in principle is the same as the others, differing only in that it is circular, and neither square nor oblong; and in its pressure being more uniform against the entire circumference of the vagina. And, in view of this fact, its effectiveness is greater than that of the others, but, for the same reasons, its evils are also greater.

The third class of pessaries consist, in the main, of those composing the second class—the S, the horse-shoe, and the ring; only the *principle* of their action is different, for, whilst those of the second class *float* in the pelvis, and depend upon the vagina, perineum, and vulva, for their base, the latter are made enough *longer* to have a *fixed* and *immovable* point of support at the sacrum and pubes. These instruments, indeed, when thus immovably fixed between the sacrum and pubes, must give a firm and unyielding uterine support. But, here again we are met by the great liability to the unpleasant effects of pressure upon the rectum, the sacral nerves, and the other soft parts which so thickly line the sacrum and pubes—effects which are often very annoying, and sometimes very terrible, in the shape of paralysis of the limbs, cramps in the hips, and ulceration through the rectum, not to speak of habitual constipation. It is true that the pressure upon the urethra may be obviated by an accommodating curve in the anterior extremity of the pessary; and the unyielding, irritating, and ulcerative pressure upon the pubes, sacrum, and the rectum, may be mitigated by doubling the longitudinal rods of the pessary, and having them slide upon each other under the pressure of a contained spiral wire. But, I submit, that in such cases, if the relief from painful and obstructing pressure is so complete, then there cannot be sufficient firmness in the instrument to give it a fixed position.

It remains now to notice but one more form of pessary (the fourth), for simple prolapsus. It consists of a cup mounted upon a small stem,

and the lower end of the stem attached to a T bandage, which is secured about the pelvis. This stem-cup, when introduced, and firmly fastened to the pelvis, certainly has the merit of giving direct support, and that without distending or resting upon the vagina, perineum, or vulva; but it is compelled to exercise the most direct unnatural and injurious pressure upon the irritable os; and this the more so, inasmuch as its pressure must not only be sufficient to elevate the nominal weight of the uterus, but also that of the viscera and upper trunk, which we have before shown to be bearing with undue force upon the uterus in such cases.

In these remarks I do not pretend to have critically canvassed all of the declarative or comparative merits of all pessaries, but to have shown that, take them all together, they cannot act in the interests of a radical cure, inasmuch as by unnatural pressure on the os, they are liable to induce flexions, and versions, and irritation, ulceration, congestion, induration, and scirrhus, of the os and cervix; or else, by distension of the vagina, or pressure upon the perineum and vulva, they are liable to produce leucorrhœa, and increased, and ultimately irrecoverable debility of all those pelvic tissues, which, by their proper tone, in connection with the proper trunkal bearings, were ordained to perpetually act as important conservators of the normal uterine status.

CASE OF HYSTERICAL HEMIPLEGIA.

By JAMES B. BURNET, M. D.,

House Physician, Bellevue Hospital, New York.

June 21st, 1865. Susan Carroll, a single woman, aged 18 years, came into Bellevue Hospital with the following history: Father died of some liver complaint, and mother is still alive and healthy. Her sisters and brothers all enjoy good health. She was born in Ireland; had measles at 8 years of age, and small-pox at 10, but never had any other diseases. Her menses came on when she was 15 years old, and have always been regular, abundant, and accompanied with much pain, which makes its appearance after the menses have been present about one day, and continues until the menses cease. She has suffered considerably of late with palpitation of the heart, and with the sensation of a ball rolling up into her throat, which she says seems as though it would suffocate her. Three weeks ago she went to bed perfectly well, not having undergone any previous excitement, and awoke in the morning paralyzed on the left side. She could move her

hand slightly, but it was impossible to move her leg in the slightest degree. Thus affairs went on until four days before her admission, when her arm became much better, and she could move it quite well, but her lower extremity remained in *statu quo*.

When admitted she presented the following appearances: Face full and rosy; temperature of body normal, there being no difference on the two sides; pupils act well to light, being neither contracted or dilated; no paralysis of facial muscles; tongue slightly coated. Pulse natural in character and frequency. Her eyesight is good, but she says there seems to be a mist or thin cloud constantly before her eyes. Lungs and heart healthy. There is partial paralysis of the left arm, and complete paralysis of the left lower extremity, which is perfectly useless, and is dragged behind her, when she attempts to walk with the assistance of another. The sensibility of the arm is a good deal impaired, and that of the lower extremity is completely lost. She formerly had much pain in her left side, and is now suffering with the same.

Upon examination there appears to be some intercostal neuralgia. She is also troubled with flatus, and with persistent constipation. She has never experienced any difficulty in passing her urine, which was examined both chemically and microscopically, and found to be healthy.

The *diagnosis of hysterical hemiplegia* was made, and the patient was subjected to the cold shower-bath, to the use of assafetida, and extr. valerian in large doses; and had her bowels kept open with gentle laxatives. As she was suffering considerably from pains in her stomach, and was annoyed with flatus, a teaspoonful of the following mixture was occasionally administered, with markedly good results:

R. Aque menth. pip.,	f. ʒi.
Tr. opii.,	f. ʒij.
Olei anisi,	gtt. xx. M.

On June 24th she suddenly became unable to pass her urine, which had to be drawn twice a day, until July 1st, when the division passed into the hands of one of my colleagues. He has kindly furnished me with the following facts: No great change took place in her symptoms until July 23d, when, during a thunder-storm, she became much frightened, and passed into a hysterical convulsion. The cold douche soon brought her out of this convulsion, and when she regained her consciousness, she discovered that she had recovered the use of her entire left side, and could walk as well as any one. The following day she walked out into the city on a pass. She

remained well for some time, when suddenly she was seized with *paraplegia*.

In this condition she now remains.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
September 5th, 1866.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Symmetrical Scleroma and Maculæ.

Lillie W., æt. 18. She has been affected for three months with hardness of the skin and cellular tissue of both arms and forearms, and also, to some extent, of the back of the neck. The induration is a little more distinctly marked on the left than on the right side. There is apparently no tumefaction, and no unnatural heat. A remarkable discoloration, symmetrical with that on the opposite side, is situated on the anterior surface of each forearm, nearly over the elbow-joint. The maculæ are oblique in direction, of a brownish color, and have the same situation, direction, color, and almost the same length and breadth on each forearm. These spots made their appearance about two months ago, and were at first of a greenish aspect. There is only pain on bending the arms; no pain at night. She has a good appetite, and sleeps well. She was in good health when this trouble came on, and the arms had not been hurt in any way.

If the parts affected were cut into, it would be found that the hardness involves the skin and areolar tissue, that the cells of both are in a state of distension from a deposit of sero-plastic matter. This same affection is seen occasionally in the scrotum. A disease of this kind occurs sometimes in young children during the period of lactation, involving the entire body, and usually proving fatal.

The disease is denominated scleroma, and consists essentially in an induration of the skin and subcutaneous cellular tissue, by an effusion of serum and plastic matter. The discoloration here present is the result of a change in the pigmentary substance of the skin, the rete mucosum, the precise nature of which is unknown.

The causes of the affection in this case are involved in obscurity. If there were disorder of the digestive apparatus, derangement of any of the important secretions, as of the liver or uterus, or impairment of a serious character of the functions of the skin, the cause might be properly referred. In the absence of any such disorder there is nothing to explain the origin of this rare disease.

In regard to the treatment, looking upon the affection as one closely connected with an effusion of serum and lymph, sorbefacients are indicated. The parts were directed to be painted, twice in the twenty-four hours, with one part of tincture of iodine and two of alcohol. Internally, the iodide of potassium, and bichloride of mercury were ordered. Also, two and a half grains each of jalap and compound extract of colocynth, with

one grain of ipecacuanha, every other night. A light simple diet was prescribed, and, every fourth night, a warm salt bath.

Syphilitic Periostitis.

Mrs. Adams, æt. 43. She suffers from great pain along the crest, and on either side of the crest of the tibia. The part is very tender upon pressure. There is no appearance of any node. She has been suffering for ten years with pain in the head and limbs; more at night than during the day, and more in cold than in warm weather. She has never had any eruption, but has had sore throat, with ulcers. The pain in the leg has been so great that she came to Prof. Gross' office to have it amputated, if relief could not be otherwise afforded.

The diagnosis of syphilitic periostitis was made, and the iodide of sodium, six grains, with one-tenth of a grain of bi-chloride of mercury, was ordered three times a day. At night, two grains of opium and one grain of calomel were directed, to produce slight ptalism, and the parts painted with equal portions of tincture of iodine and alcohol.

Sept. 15th. After the use of the remedies directed a week ago last Wednesday, the patient has now no pain nor tenderness of the tibia. The disease was of ten years' standing. Ten days ago the parts were intolerant of the slightest touch, the pain was more or less constant, and subject to violent exacerbations at night. The case is an interesting one, as showing the powerful influence of a few doses of medicine.

The prescription of calomel and opium was omitted. The iodide of sodium and bi-chloride of mercury must be continued in the same doses for another week. After that, she may take them twice a day for a week, and then once a day for ten days more. She should avoid taking cold, and be careful in eating and drinking.

Remarkable Lateral Curvature of the Spine.

Mary L., æt. 13 years. This patient presents a remarkable deformity of the spine and chest. There is a lateral curvature of the spine, very much resembling the outline of the italic *S*, a curvature forward in the dorsal or dorso-lumbar region, and a great prominence of the right shoulder. She has been four years in this condition. The case is a very uncommon one.

This affection differs from that which is called Potts' disease of the spine, which is essentially scrofulous, depending upon a deposit of strumous matter in the areolar tissue of the bodies of the vertebræ. The distortion here observed is caused by a weakened condition of the intervertebral substance, and by inordinate action on the part of the muscles connecting the shoulder to the spine. It is by far the most common on the right side, and nearly exclusively confined to the female sex. Children at school, or in workhouses, those ill-fed, ill-clothed, with impoverished blood, and subjected to hard labor, are the usual subjects of this deformity.

In order to ease her spine the patient is compelled to bend the body forward in the dorso-lumbar region, thus causing a compensating anterior curvature in that region, enabling her to walk with greater facility.

There will be great difficulty in rectifying this curvature. Some relief may be hoped for. A radical permanent cure; a complete effacement of the deformity is entirely out of the question.

The general health is first to be attended to. This child has an oldish appearance, and is very fully developed for one of her age. She has never menstruated. She should have tonics, generous food and drinks, and gentle exercise in the open air, not carried at all to fatigue. Mechanical support must, of course, be given to the chest and spine. An apparatus can be constructed by which the lateral curvature may be corrected. It must be lightly made, and extend from the axilla as far as the crest of the ilium, making pressure at the side, behind and in front, so as to restore the deformed chest as nearly as possible to its natural position. The pressure being made gradually, no inconvenience will be experienced from it. She should lie down flat upon a soft hair mattress, with scarcely any pillow under her head, for several hours in the forenoon and afternoon of every day, sitting up as little as possible.

The following prescription was ordered:

R. Tinct. cinchonæ composita, f.℥iv.
Tinct. ferri chloridi, f.℥ss. M.

Sig. Teaspoonful ter die.

She was directed to take a tablespoonful of whisky in a small tumbler of milk three times in the twenty-four hours, and to have a nourishing diet.

Abscess of Abdominal Wall.

Daniel G., æt. 43. He has had for a little over four weeks a tumor in the epigastric and right hypochondriac region. He is considerably emaciated. When he came to Prof. Gross' office a week ago, he had great difficulty in walking and breathing, a frequent pulse, and an anxious countenance.

He was placed upon the use of quinine and iron, and at bedtime a dose of DOVER'S powder, fifteen grains, administered. A flaxseed poultice was applied locally. He is now much improved as to appearance and suffering. The prominence on the abdomen has become a little more distinct than it was, and fluctuation can be discovered.

The diagnosis of abscess situated in the wall of the abdomen was made. If it were an aneurism, there would probably be pulsation observed, though there is a period when pulsations become exceedingly faint, and when they are entirely obliterated. If it were abscess of the liver, there would have been jaundice, great constitutional disturbance, excessive irritability of stomach, and probably also great enlargement of the liver.

In order to determine the matter certainly, an exploring needle was introduced, and the presence of pus demonstrated. The abscess was then opened, and eight ounces of pus evacuated.

This case is interesting, apart from its rarity, because of the fact that it is one in which a mistaken diagnosis is very often made.

A tent was introduced, not so large as to effect occlusion of the opening, a flaxseed poultice directed, to be changed three times in the twenty-four hours, a quarter of a grain of morphia ordered at night, and milk-punch and nourishing diet advised.

Enlargement of the Spleen.

A. F., æt. 45, manufacturer of chandeliers. He has been unwell for six months. He was in the army for four and a half years. He had chills and fever seven or eight years ago.

There is a great enlargement of the abdomen; the case at first sight seeming to be one of ascites. An examination showed, however, that, although there was water present, it was not the whole cause of the swelling. A tumor occupies a large portion of the left hypochondriac and lumbar regions, well defined, extending back on the left side under the ribs and downward into the iliac or ileo-lumbar region, projecting to the right side of the umbilicus, and reaching nearly as high up as the ensiform cartilage. The surface of the tumor seems to be uniform, and its edges are sharp.

The patient is feeble and emaciated. He has a great deal of pain, more when the weather changes. He has a good appetite. The tongue looks a little reddish, but is perfectly moist. Bowels regular. He cannot sleep well. He passes about a quart of water at night, of a yellowish color, and perspires a good deal. No fever. No palpitation of heart. The action of the heart is feeble and irregular.

The history of the case points to the nature of this enlargement. Intermittent fever, when long continued, is apt to give rise to enlargement of the spleen, causing a hard, firm, resistant tumor, encroaching upon the diaphragm and the walls of the abdomen, and extending down into the pelvis. In some cases of this disease of the spleen, consequent upon malaria, the inflammation, which always accompanies the enlargement, terminates in suppuration.

The history here then indicates an enlarged spleen; so also does the situation of the tumor, lying on the left side. Again, the tumor has a sharp outline, more so than an enlarged liver would have. In the female, a splenic might be mistaken for an ovarian tumor. It might also be confounded with carcinomatous disease, or hypertrophy of the omentum. If the tumor were of this character, it would lie in front, as much upon the right as upon the left side. It is not a pelvic tumor, for if it were, it would be situated lower down. Sometimes an aneurism forms in connection with the aorta, increasing to a mass as large as a man's head. This, however, would be in the median line, as a rule, and there would be pulsations and the peculiar aneurismal thrill, nothing like which is present here.

An enlarged spleen, just as an enlarged liver, ovary or uterus, is liable to irritate the peritoneum, and provoke an effusion of serum; hence, ascites is a very common attendant upon an enlargement of this kind. Whenever there is a tumor in the abdomen or pelvis, there is as a rule, an accumulation of water, to a greater or less extent.

Another effect of this enlargement is pressure upon the diaphragm and difficulty of respiration. The man does not breathe as readily as he would otherwise. He feels more or less pain on account of the pressure of the tumor on the surrounding parts.

The tumor is solid. A section of it would show

it to be of almost fluid consistence. It is a spleen in a state of hypertrophy, from long continued irritation.

The treatment may be general and local. It may be purely medical, or medical and surgical. The man's health is dilapidated. He does not rest well, has more or less pain, and an irritable pulse. His whole condition, apart from the enlarged spleen, indicates the use of tonics and alterants. The muriate of ammonia, in from ten to twenty grain-doses, three or four times in the twenty-four hours, has been very much employed for glandular enlargements. The administration of quinine and iron will be, in this case, postponed, in order to see what benefit may be obtained from the use of muriate of ammonia,—fifteen grains four times a day. An anodyne at night, milk punch, and a concentrated, nutritious diet were ordered.

As a local application, the ointment of the biniodide of mercury, diluted with seven or eight parts of simple cerate, was directed to be rubbed on twice in the twenty-four hours, with the bare fingers, care being taken not to irritate the skin by too violent friction. The man should keep as quiet as possible. The case is probably still within the reach of remedies.

If medicines prove ineffectual, a surgical operation might be resorted to. The spleen was excised in the sixteenth century by ZACCARELLI, and the patient is said to have made a very rapid recovery. Then the operation was lost sight of until 1826, when it was performed by Dr. QUITTENBAUM. The patient died in the course of a very short time. It was afterwards performed in 1855 by Dr. KÜCHLER, and lately, in 1866, by Mr. SPENCER WELLS, of London. The patients died; Dr. KÜCHLER's within two hours after the operation, from internal hemorrhage.

The case of Mr. SPENCER WELLS was a female. The spleen weighed nine pounds, and was extracted by an incision along the linea alba. The woman lived ten days, and died of pyæmia.

In consequence of wounds on the left side of the abdomen, the spleen has occasionally protruded, and the part thus thrust out has been cut off, and the patient recovered. A case of this kind, of Dr. POWELL's, of Covington, Kentucky, has been recorded in the *American Journal of Medical Sciences*, where a large portion of the spleen was excised, and the man recovered. This shows that the spleen is tolerant of interference. The only effect following the removal of the spleen from dogs, upon whom experiments have been performed, has been that the animals became exceedingly fat and indolent.

came under the author's observation, June 4th, 1866. Great pain in right iliac region, where a tumor was found about the size of a large orange, very tender to the touch. The right testicle was absent from the scrotum, and on inquiry it was stated that the young man, when about six years of age, had passed his testicles up into the abdomen, that the left testicle had come down again, but the right remained. He died, June 9th, under symptoms of peritonitis.

On opening the abdomen large quantities of pus were found diffused throughout the entire peritoneal cavity; and the testicle, enlarged from inflammation to about ten times its normal size, containing a cavity nearly as large as itself, which was open on one side, through which the pus, found in the peritoneal cavity, had evidently escaped. Bladder and kidneys normal; liver slightly enlarged; spleen healthy; peritoneum intensely congested and softened; duodenum softened through its muscular coat; extensive evidence of inflammation throughout the entire tract of the alimentary canal; but no obstruction existed.

Ovariectomy.

"THE USE OF THE ACTUAL CAUTERY IN OVARIOCTOMY," is the title of a paper read at the last session of the British Medical Association by I. BAKER BROWN, Esq. Our readers are already aware, from previous articles in our Periscope department, of Dr. BROWN's method of dividing the pedicle of ovarian tumors by the actual cautery. From the synopsis given of this last paper in the *Brit. Med. Journal*, we condense. Mr. BROWN gave details of 13 cases of ovariectomy, in continuation of a series of 36, in which the actual cautery had thus been applied. Of 23 cases already published, only two had died; of the remaining 13 now treated of, three had died, giving a mortality of 5 in 36, or 1 in 7 1-5. An analysis of these cases showed that death had not resulted in a single case in which the cautery alone had been used successfully, whether in the treatment of the pedicle or adhesions. In the first case, death was due to hæmorrhage from the site of an adhesion of the tumor to the mesorectum, to which the cautery could not be applied. In the second, the clamp and cautery failed in arresting bleeding from a portion of mesentery, to which a ligature was subsequently applied, and the patient died of peritonitis. The third died on the fourth day, with all the symptoms of poisoning of the blood; the fourth, of shock; and the fifth, of peritonitis of a very low form. In all these cases, with the exception of the first, a ligature, either of the pedicle or of some other part, had been used, and it is at least worthy of note that death resulted only in such cases. In the employment of this method, it is essential that the searing be done slowly, or rather that the tumor first be cut away about an inch from the clamp; and the projecting stump of the pedicle be cut through by the cautery close to the clamp. In this way alone should it be done. There was also this advantage, that, should the cautery fail, the ligature might yet be applied, without any more risk than by this latter mode alone.

EDITORIAL DEPARTMENT.

Periscope.

Abscess in the Non-Descending Testicle—Death—Autopsy.

This interesting case is related by Dr. M. M. EATON, of Peoria, Ill., in the *Chicago Medical Examiner*:

The patient, a young man, 16 years of age,

Medical and Surgical Reporter.

S. W. BUTLER, M.D., *Editor and Proprietor.*

PHILADELPHIA, SEPTEMBER 29, 1866.

THE STATE OF MEDICAL SCIENCE. PROF. BENNETT'S ADDRESS.

The tendency of all science, we are told, is toward positiveness, and no one, who believes in progress at all, will refuse to subscribe to at least this tendency in medical science, even if he denies the attainment of final positiveness, *i. e.*, infallibility. None are more willing to admit the great strides in advance which natural science has made during a century, than physicians. Our profession, even in its everyday practical routine, is more than any other benefited by these advancements, and while we are brought to appreciate, more than any class of men, daily and hourly, the intellectual progress of the age, it is no wonder that we should be somewhat enthusiastic about it, and sometimes be inclined to claim, both for our science and practice, a greater degree of positiveness and infallibility than facts warrant.

Hence it is that those general discussions on the state of science, which are ordinarily comprised in "annual addresses," are of value. They force us to look at the facts which are established, and theories that are not, and stimulate to a more critical analysis of what is true in medicine and what is false.

Of many recent "annual addresses" before medical societies, taking in even that of Dr. HOLMES, seven or eight years ago, which at the time created much more attention than its statements and logic merited, we have read none with greater interest, and finished its perusal with more satisfaction than the "Address in Medicine" recently delivered by Prof. BENNETT before the annual meeting of the British Medical Association.

Professor BENNETT stands at the head of medical progressists in Great Britain. For him the errors of the past are *errors*, and not *truths in disguise*. The changes in the practice of medicine he looks upon as changes resulting from a change in its *principles*, and not as caused by a change in the nature and laws of disease. For him "change of type" means an effort to credit the laws of nature with the errors of man, and nothing more. But, progressive as BENNETT is, we cannot at the same time but admire how his enthusiasm is fitly tempered by a cool unpassionate criticism, which he applies on all occasions

to all subjects. Ordinarily, the authors of annual addresses roam through the fields of the past, and claim the admiration of the world for that which medical science has already accomplished. With a quaint humor, Prof. BENNETT says that, in this respect, "the names of HARVEY, HUNTER, JENNER, and BELL have done such good service; graphic illustration, sound reasoning, and vivid eloquence have been so well and forcibly employed on these topics," that he trusts to be forgiven if he regards the future rather than the past; and while admitting that much has been done, *contends* "that more remains to be accomplished." "It is now manifest," says Dr. BENNETT, "that the theory of medicine during the last twenty-five years has been completely changed, that most of the principles which governed its practice as an art are no longer applicable, and that during this period our science has advanced with such astonishing rapidity as to have imposed upon those who kept pace with its progress a task of no ordinary difficulty and labor.

"On the other hand, as a physician in active practice, and as a Professor of Clinical Medicine engaged in teaching the art at the bedside, I am surprised at the indifference with which this great advancement in the science is regarded by the majority of medical men. I see an army of practitioners scattered over the country, without organization or central government, engaged in efforts to cure disease and alleviate suffering. In this they are mainly guided by a knowledge, partly traditional, partly acquired by themselves, called experience, which is not only often opposed to the exact observations and careful inquiries of modern times, but is too frequently most contradictory in itself. The greatest differences consequently prevail among intelligent medical men, as to the best methods of treating many important diseases; theory and practice—advanced science and past authority—skepticism and blind faith—often being arrayed against each other."

Did our space permit, we would gladly follow the author through the details of his discourse on the present state of medicine. As it is, we can only refer to his summing up.

"1. That the descriptive anatomy of the human body is perfect, and has been thoroughly worked out.

"2. That the structural and general anatomy of the human body is very nearly so.

"3. That physiology, though greatly advanced, has much to teach us as to the functions of the human body, and is at this moment apparently

waiting: 1. For the organic chemists who are investigating the transformations which food undergoes in passing through the economy; and, 2, for the physicists, who, with newly invented and delicate instruments, are investigating the vital functions with a care and exactitude only recently arrived at.

"4. That pathology has demonstrated to us the structural alterations produced by morbid states, but it is still very deficient in a knowledge of the chemical alterations these occasion. It must necessarily be dependent, however, on the progress of physiology, so that the laws which regulate many diseased processes have yet to be ascertained.

"5. That the diagnosis of diseases, owing to our combined knowledge of physiological and morbid states, and the cultivation of physical exploration, in conjunction with observations of symptoms, is rapidly becoming more exact, and losing its conjectural character. What JOHN HUNTER effected for surgery, by placing it on a scientific basis, is now the object of the well-informed physician with regard to the practice of medicine."

Thus much for scientific medicine. Regarding practical medicine, its present stand point, to BENNETT, appears to be:

"1. That the empirical method of treating disease has reached its utmost limits, and that little further improvement is to be anticipated from it.

"2. That the great advance which has taken place in the science of medicine has led, and is leading, to various modifications in the rules of medical practice, which only lately were in general use.

"3. That these modifications principally consist in putting more confidence in the powers of nature, having recourse more frequently to the assistance of diet and other hygienic influences; and in employing more sparingly blood-letting, and other heroic so-called remedies.

"4. That the value of many remedies in certain diseases is unquestionable, and that their judicious employment confers invaluable benefits upon mankind; but the utility of others is disputed, or little known, and, with regard to these, a careful investigation is imperatively required.

"5. That such investigations demand great labor, advanced knowledge, and much valuable time; and that experience has demonstrated the impossibility of carrying them out satisfactorily, without funds to remunerate the investigators.

"6. That all applications of scientific treatment require the co-operation of medical men at large, and that no trustworthy results are likely to meet

with general confidence in future, unless founded on extensive data, and familiarized by correct statistics."

Such are the opinions of one of the ablest representatives of the progressive and rational school of medicine of our day, and against their correctness nothing can be said. His concluding words should find an echo in every medical society, whose object is the advancement of science:

"Whatever you resolve on, gentlemen, to me it is certain, that we have arrived at that epoch in the history of medicine which demands that truth in science and truth in art should no longer be kept asunder; that the traditions of old and less enlightened times should give way to the advancing spirit of inquiry that characterizes the age we live in; and that the separate, and because separate, too frequently opposing efforts of individuals should merge into the catholic endeavor of solving by union and mutual help those questions which it has been demonstrated have baffled solitary research. The whole scope and tendency of the modern science and art of medicine indicate that future progress can alone be secured by combined labor; and I can conceive no more worthy, as there is no more appropriate, object for the consideration of this Association, than the manner and methods by which this great work could, through its agency, be prosecuted and accomplished."

Notes and Comments.

State Politics and Medicine.

At the recent meeting of the British Medical Association, Dr. MACKESY brought forward a motion in favor of memorializing and petitioning both Houses of Parliament to grant Parliamentary Representation to the Medical Profession, in its collective capacity. After a short discussion the motion was withdrawn. The most sensible remarks on the occasion were made by Dr. HOLMES. He objected to the demand of professional representation in parliament, as contrary to the genius and practice of British institutions. "The medical profession had its votes, and could exercise them in the manner most conducive, in its opinion, to its interests. It could use its great experience, and its great influence, far better in that way on sanitary questions; while the vote of one individual representative would always be balked; he would be regarded by the House as a bore, and his rising to speak would always be a signal for counting out."

Cholera.

We are hearing of sudden and very fatal outbreaks of cholera in various localities throughout the country, and yet the severe type does not seem to last long in any one place. The epidemic has been most severe in Cincinnati, St. Louis, and Chicago, so far. In some circumscribed localities in this city, where the hygienic conditions were bad, the disease has been very fatal, yet our mortality from cholera has not been large. In the Insane Department of the Almshouse, a case occurred on the 5th of August, which proved fatal the next day. The patient had been for years in the house, and had not, to our knowledge, been exposed in any way to receive the disease by contact. The epidemic lasted until the 15th inst., during which time we had 42 cases, and 31 deaths. The cases were chiefly confined to one floor in the women's department, and the average time of residence in the institution of those who were attacked, was over five years.

In Providence, R. I., from the 6th of August to the 16th of September, there occurred 14 cases, and 12 deaths. A sudden outbreak of the disease in Bristol, R. I., on the 13th inst., carried off ten persons, chiefly from two families, in four days. We hope hereafter to be able to publish a more extended history of some of the epidemics referred to above.

British Medical Association.

The thirty-fourth annual meeting of the British Medical Association was held in Chester, August 7th, 8th, 9th and 10th. The proceedings were of great interest. The American Medical Association was represented by Dr. C. C. Cox, of Baltimore, who was cordially received as our delegate, and whose remarks were listened to with great interest, and which the *Journal* published in full.

The address in Medicine was delivered by Prof. BENNETT. It is made the subject of some editorial remarks in another column.

Internal Use of Chloroform.

A correspondent writes from Providence, R. I., "I notice repeated statements of, what appear to me, *very large* doses of chloroform as having been administered internally in cases of delirium tremens—f.ijj. are stated, in No. 10, of REPORTER, current volume, p. 226, to have been given at a single dose.

"In much smaller doses, in a case of delirium tremens, I have known a patient to complain bitterly of a burning sensation in his stomach. As it vesicates when applied externally, if evapora-

tion is prevented, *is it safe* to administer it internally in such large doses? Would not chloric ether effect the same end, and be much safer?"

Medical Discussions in Newspapers.

The *British Medical Journal* has the following remarks, which might occasionally be applied to this country:

"We quite agree with a contemporary, that it is very much to be regretted that so many members of our profession should discuss the treatment of cholera in the *Times*. The subject is there addressed to an audience who are incapable of appreciating the merits of the case. Professional opinion assuredly should be led and guided only by professional criticism. Public opinion cannot fail to be misguided by professional discussions of the kind here alluded to. And any one who has read the correspondence alluded to, can imagine that our profession has been thereby elevated in the opinion of men, whose opinion is worth caring about. Everyway the proceeding is most objectionable."

University of Maryland.

The School of Medicine in this institution begins its 59th session Oct. 15th. It has a very able Faculty, and gives a thorough course of medical instruction. In the session of 1865-6, this school had 153 matriculants, of whom 76 graduated—a large proportion—half the class.

Books, etc., Received.

The Hunterian Ligation of Arteries to relieve and to prevent destructive inflammation. By HENRY F. CAMPBELL, M. D., of Augusta, Georgia. From the author.

On Excision of the Superior Maxilla; report of a case, with remarks on certain tumors of this bone. By WM. R. WHITEHEAD, M. D. From the author.

Flint on Respiratory Organs. Second Edition. From H. C. LEA.

— THE nursing of the "Sisters" during this cholera epidemic, is pronounced as invaluable. In one large Infirmary, (we have it from the best authority,) the presence of two of these ladies allayed a positive panic. "Their services were invaluable. Everything that human beings could do, was done by them." One of these ladies, through the fearful onslaught of the epidemic, remained day and night at her post, inspiring confidence, until she was forced to give in through sheer exhaustion. The other Sister had to retire, being seized with diarrhoea. But they had done the work, and left things in perfect order.—*Brit. Med. Journal*.

Correspondence.

FOREIGN.

DUBLIN, September 8th, 1866.

The Cholera.

EDITOR MEDICAL AND SURGICAL REPORTER:

The cholera, which has attracted so large and unpleasant an amount of attention, both on your and our side of the Atlantic, has spread through a considerable number of the English towns. In Dublin the disease can scarcely be said to have assumed the epidemic form, except in one locality—Cork street, in an out of the way and very poor part of the city. There are seldom more than a couple of cases a day (except from the locality just mentioned), and often not any, so that although the disease has increased, we may have a fair hope that the epidemic has been warded off for this year at least.

The deaths up to the present time in this city have been:

For the week ending August 4th,	1
“ “ “ “ 11th,	5
“ “ “ “ 18th,	13
“ “ “ “ 25th,	15
“ “ “ September 1st,	41

There have not been so many this week, at least so far as I can ascertain, but the return has not yet been made up.

In London the number of deaths from cholera have been steadily decreasing during the past few weeks; the epidemic seems to be fairly on the decline in that city. In Paris the cholera has again appeared this year, and continues to rage with considerable violence, the mortality being from 90 to 100 per day.

The British Association for the Advancement of Science

Held its annual meeting this year at Nottingham. There was not much of direct interest to the medical profession brought forward at the meeting; but one or two are worthy of being noticed.

Dr. BENCE JONES, as President of the Chemical Section, took occasion, in his address to the Section, to notice the present imperfect education required to constitute a licensed chemist; and remarked that chemists should be required to have a perfect knowledge of the nature and chemistry of the drugs in which they deal; and should be sufficiently well-informed to be able to act as analytical chemists, if called upon to do so. On the

continent of Europe, in most of the large States, chemists are required to have such an education as Dr. JONES thinks necessary here.

Dr. BENCE JONES also read a paper on the “Chemical Action of Medicines;” his paper is of considerable value, but too long to introduce even a *resumé* into so limited a space as I have at my disposal.

Mr. W. CROOKS read a paper on “Disinfectants,” showing that two acids were the most important and valuable agents of this class which we possess. Of course carbolic is the true acid to be employed for common use.

I have read with considerable interest your account of the experiments on disinfection by steam. In Liverpool a number of experiments have been made with air heated to over 300° as a disinfectant. The results have been so satisfactory, that the clothes of cholera and fever patients in that town are now regularly disinfected by heat.

Puerperal Fever.

In the discussion on puerperal fever reported in your Journal of July 7th, 1866, Dr. BURNS remarks that puerperal fever and erysipelas have often prevailed contemporaneously in his neighborhood. I may mention, that in this city, during the spring of the present year, an alarming and sudden epidemic of puerperal fever occurred in the Lying-in Hospital in Britain street, necessitating the closing of the institution for several weeks. At the same time gangrene and pyæmia prevailed to such an extent in STEVENS' Hospital, that the surgeons were afraid to operate, and wounds from accident assumed a most unhealthy aspect. An epidemic of erysipelas occurred in the Meath Hospital. At Cork Street Hospital a large number of cases of erysipelas were admitted, and the typhus was of more than usually severe type. These diseases, prevailing so much at the same time, seem to point to a common origin for all, and to point out the connection between puerperal fever and diseases of the erysipelatosus type.

Dr. OWEN ASPRAY's new screw instrument, for the treatment of stricture (described in the *Lancet* of August 11th), has been tried by Dr. SMYLY, of this city, at the Meath Hospital. Dr. SMYLY considers that the instrument answers its purpose remarkably well, and gives that gentleman's observations and experience in the use of HOLT's instrument, and his own modification of HOLT's dilator; his opinion is entitled to the greatest respect from the profession.

T. W. G.

DOMESTIC.

Camp Itch.

EDITOR MEDICAL AND SURGICAL REPORTER:

In a late number of your journal I notice an article on Camp Itch, so called, and several recipes given for its cure. I was sorely puzzled for a long time, during the late war, for a remedy capable of curing this disease, and had almost despaired of finding one, until I fortunately came across an old volume, written some time during the 16th century, in which I found the following:

R. Sulph. loti,	3j.
P. carbonate ammon.,	3j.
(Vel. aq. ammon.,)	q. s.
Adipis,	3j. M.

and apply once or twice daily, after having thoroughly cleansed the person with soap and water.

I use the carbonate of ammonia instead of the liquid, and after its discovery used it in the army, and have since used it in private practice, and have never known it to fail of producing a thorough cure in a very short time in all my experience. The second application is often sufficient, and I have frequently known a single application to effect a permanent cure.

Respectfully,

M. CALVERT.

Meridian, Miss., Sept 5th, 1866.

Chorea.

EDITOR OF MEDICAL AND SURGICAL REPORTER:

In reply to query, "How shall I treat chorea?" I would ask your correspondent whether his patient suffers from ascarides? In all the cases I have ever met with, in patients under twenty years of age, ascarides were found to be the cause, and the successful treatment was the following: From a half teaspoonful to a teaspoonful of finely pulverized iron scales, (such as fall around the anvil,) was given in syrup, every morning, and a teaspoonful of sulphur every night, for ten or fourteen days. If, after a remission of a week, the ascarides reappeared, or the symptoms did not abate, the course was repeated.

In the same manner I have successfully treated epilepsy, and other *neuroses*, dependent upon the same cause. This cause of diseases of this character is frequently overlooked, as was the case with two or three of my patients, for some time. When found, I have never known the above remedy to fail to remove them. In the above cases, advantage was doubtless derived from the tonic effect of the iron, as well as from the anthelmintic properties of the remedies, given in conjunction.

D. STANTON, M. D.

New Brighton, Pa., Sept. 19th, 1866.

News and Miscellany.

Deaths by Battle and by Disease.

According to statistical tables, mainly derived from the recent report of the Provost-Marshal-General, it appears that during the progress of the last war we lost, in officers and men, killed and died of wounds, 96,099: and by disease, 184,321; or, altogether, 280,410, out of a total given in these tables at 2,154,311. In the Crimea, out of nearly 94,000 English soldiers, 4,419 died by battle, and 16,298 died of disease at the seat of war, while nearly 13,000 more were sent home sick. Thus the English losses were nearly four times those by battle. The French, whose sanitary regulations were much praised, were even worse. They lost 7,500 men by battle, and 50,000 by disease—nearly seven times the number of casualties, instead of less than twice, as with us; and 65,000 more were sent home to be discharged as invalids, a considerable portion of whom, no doubt, died of their diseases.

In the Mexican war, according to Government returns, only 1,548 died in battle or of wounds, but 12,348 died of disease, and 12,252 were sent home sick. This, owing to inefficient sanitary provisions, was worse even than the Crimean returns.

Among the white troops, it is stated that the proportion of deaths in action and from wounds to the deaths from disease was about one to two; among the colored troops as one to eight. About 180,000 colored men were enlisted in the army during the war, of whom, accordingly, nearly one out of every seven died of disease. The general proportion among white troops is one to fifteen.

It appears, also, that both from battle and disease, New England sustained the heaviest losses. The fatality of maladies among the troops from this region is ascribed to the fact that an undue proportion of them were used in the unhealthy Atlantic and Gulf States of the South. The men of the West, who rate next, served in the fever-breeding valleys of the Mississippi and its southern tributaries, and this aided, no doubt, in swelling their mortality list. The troops from the border States suffered mainly from the same cause. All their ratios are larger than the general ratio of the loyal States, which is but 59.22.

These statements, we are informed, are intended to comprise only officers and men who died in the service, and not the tens of thousands who were discharged for disability contracted in the service, from the effects of which they subsequently died in private life.—*Medical Record.*

The Virtues of Borax.

The excellent washerwomen of Holland and Belgium, who "get up" their linen so beautifully white, use refined borax as a washing-powder, instead of soda, in the proportion of one large handful of powder to about ten gallons of boiling water. They save in soap nearly one-half. All the large washing establishments adopt the same mode. For laces, cambrics, etc., an extra quantity of the powder is used; for crinolines, requir-

ing to be made stiff, a strong solution is necessary. Borax being a neutral salt, does not in the slightest degree injure the texture of the linen. Its effect is to soften the hardest water, and therefore it should be kept on every toilet table. To the taste it is rather sweet; it is used for cleaning the hair, is an excellent dentifrice, and in hot countries it is used, in combination with tartaric acid and bi-carbonate of soda, as a cooling beverage. Good tea cannot be made with hard water. All water may be made soft by adding a teaspoonful of borax powder to an ordinary-sized kettle of water, in which it should boil. The saving in the quantity of tea used will be at least one-fifth.—*Druggists' Circular.*

Cholera in Italy.

A correspondent of the *New York Tribune*, writing from Milan, Sept. 1st, says:

"Naples and Genoa have been suffering a cholera visitation, by which the first has lost 300 lives, and the second 160. The reports of yesterday show 4 cases in Genoa, and 12 in Naples. The energy of the sanitary commissions has doubtless arrested the progress of the disease in both cities. Several small towns here suffered from the migration of the disease with fugitives from these cities.

"The most singular case is that of a young man attached to the Custom-House in Genoa, who went home to Breno, near Brescia, died next day of the disease, and before the end of the week his whole family, consisting of four persons, had been buried.

"About 75 per cent of the cases are reported fatal, and I account for this large mortality on the theory that all the cases are not reported. Those who get well have diarrhoea, according to the doctors. There is reason to hope that the disease will not spread over Italy. Travellers have been restricted in their movements in Germany by war and cholera, in Switzerland by incessant rains, and they might become disheartened altogether, should the cholera intercept their progress to Florence and Rome."

Death of MM. Gibert and Chaussier by Cholera.

Recent arrivals from Paris announce the death, on the 31st ult., at the age of 69 years, of the distinguished French dermatologist, M. GIBERT, by the reigning epidemic. M. GIBERT had suffered for several days with the premonitory symptoms, but neglected to adopt any precautionary treatment. He had repeatedly at the meetings of the French Academy denied the frequency and significance of the premonitory diarrhoea. He died in a few hours after being seized with cholera. For more than twenty years he had been one of the physicians of the Hospital of St. Louis, and was widely known for his acuteness and quickness of diagnosis of cutaneous disease. His writings and his clinical courses have made him illustrious. When he succumbed to the fatal malady, he was unwilling to take any remedies, but turned only to his spiritual adviser for comfort and consolation; and died, in the words of his eulogist at his funeral, M. HARDY, "a rare example of resignation and courage."

M. FRANCK CHAUSSIER was the second and only surviving son of the distinguished FRANCOIS CHAUSSIER, of the Academy of Sciences, who died in 1828. The son did little to sustain the reputation of his father, and after leading a reckless life, has left to the hospitals of Paris a fortune of 850,000 francs, bequeathing to his excellent wife a mere pittance of 5000 francs.—*Boston Med. and Surg. Journal.*

— A PETRIFIED human hand has been found imbedded in red sandstone in a mine in Memphis, Tenn.

— It is stated that there are 18,000 Doctors of Medicine (including Surgeons?) in Great Britain.

— We see it stated that there is an insane person at Buckland, Mass., who has been confined in a cage for more than fifty years. If this is true, it is disgraceful.

Army and Navy News.

NAVY.

List of changes, etc., in the Medical Corps of the U. S. Navy, for the week ending September 22d, 1866.

Surgeon M. Duval, detached from Navy Yard, Washington, and placed on waiting orders.

Surgeon L. J. Williams, detached from Navy Yard, Philadelphia, and ordered to Navy Yard, Washington.

Surgeon J. S. Messersmith, detached from Navy Yard, Norfolk, and ordered to Navy Yard, Philadelphia.

Surgeon J. S. Dungan, ordered to Navy Yard, Norfolk.

Act'g Assistant Surgeon Alex. McKenzie, detached from the U. S. Ship Newbern.

Act'g Assistant Surgeon C. W. Knight, ordered to the U. S. Ship Monongahela.

Act'g Assistant Surgeon W. L. Wheeler, promoted to the grade of Acting Passed Ass't Surgeon.

MARRIED.

EXTON—VAN PELT.—At Clinton, N. J., on the 12th inst., by the Rev. I. Alstyne Blauvelt, James A. Exton, M. D., and Maria Van Pelt.

GRANTMAN—DEARBORN.—In Amesbury, Mass., September 13, by Rev. Nelson Bailey, William Grantman, of Chelsea, late Lieut.-Col. 13th N. H. Vols., and Miss Hattie, daughter of Dr. H. S. Dearborn, of Amesbury.

MILHOLLAND—FULTON.—On the 11th inst., by the Rev. P. M. Semple, the Rev. A. S. Milholland and Miss Zillah A., only daughter of Dr. C. Fulton, of Bucyrus, Ohio.

O'DEA—MEAD.—In Toronto, Canada West, August 30, by the Rev. J. Millet, J. J. O'Dea, M. D., and Mary, eldest daughter of John Mead, Esq., all of Toronto.

RUSSEL—KINGSLEY.—On Tuesday, September 13, at Trinity Chapel, N. Y., by the Rev. Morgan L. Dix, Rector, Dr. Charles P. Russel and Florence Kingsley, daughter of the late Simson Kingsley.

DIED.

BISHOP.—In this city, September 19th, Dr. C. Stanhope Bishop, only son of the late Rev. David Bishop, of Easton, Pa.

HILL.—In this city, on the 18th inst., J. Howard Hill, in the 26th year of his age, son of Dr. C. H. Hill.

HOBBS.—At Camp of 116th U. S. C. T., White's Ranch, Texas, August 28, of gastro enteritis, Benjamin Hobbs, Surgeon U. S. C. T., aged 25 years, 6 months, and 27 days.

ANSWERS TO CORRESPONDENTS.

Dr. J. D. J., *Sonora, Ohio*, and L. D. W., *Messengerville, N. Y.*—The price of the U. S. Dispensatory is \$10.
Dr. J. E. Z., *Smithville, Ohio*.—We can send you "Why Not? A Book for every Woman"—price \$1.
Dr. G. G. L., *Jerseyville, Ill.*—Carpenter on Microscope, sent by mail, September 24th.
J. M. A., *Phila.*—Books sent September 21st.
Dr. J. H. W., *Princeton, N. J.*—Pessaries sent by mail, September 19th.
Dr. J. G. K., *Reading, Pa.*—Calabar Gelatin, sent by mail, September 19th.
Dr. W. W., *Brooklyn, Conn.*—Chambers' Lectures, sent by mail, September 19th.
Dr. M. C., *Kalamazoo, Mich.*—Ruppaner on Hypodermic Injections, sent by mail, September 22d.
Drs. C. and S., *Lock Haven, Pa.*—Apparatus for Local Anæsthesia, Rhigolene, and Hypodermic Syringe, sent by Otto & Reynders, N. Y.
Dr. A. G. R., *Springfield, Mass.*—Barker on Nitrous Oxide Gas, sent by mail, September 19th.
Dr. D. S., *New Brighton, Pa.*—Da Costa on Medical Diagnosis, Flint's Principles and Practice of Medicine, Sims on Uterine Surgery, Bartholow on Spermatorrhœa, and Hammond on Wakefulness, sent by Express, September 22d.
Dr. E. D., *Oswego, N. Y.*—Sulphate of Morphia, sent by mail by Bullock & Crenshaw.
Drs. E. H. M., *Fleetwood, Pa.*, J. J. S., *Pontiac, Ill.*, and J. D., *Cleveland, Ohio*.—Wired Skeletons, sent by Express, as directed.
Dr. S. H. S., *Unionville, Iowa*.—Four of Bourgery & Jacob's plates, sent by Express, September 12th.

METEOROLOGY.

September,	10,	11,	12,	13,	14,	15,	16,
Wind.....	W. Clear.	S. S. Cl'd'y. Rain.	N. E. Cl'd'y.	S. W. Clear.	S. Clear.	N. W. Clear.	N. Clear.
Weather.....							
Depth Rain.....	2-10						
Thermometer.							
Minimum.....	53°	58°	61°	51°	55°	53°	42°
At 8 A. M.....	63	68	75	70	71	63	56
At 12 M.....	74	70	76	75	76	64	62
At 3 P. M.....	76	79	78	76	78	75	68
Mean.....	66.25	66.50	75.	68.	70.	63.75	57.
Barometer.							
At 12 M.....	30.2	29.9	30.	30.1	30.	30.3	30.4
Germantown, Pa.				B. J. LEEDOM.			

STRUMATIC SALT,

From Mineral Springs, containing
IODINE AND BROMINE,
MANUFACTURED BY THE
PENNSYLVANIA SALT MANUFACTURING
COMPANY.

We would bring to the notice of physicians the virtues of
STRUMATIC SALT,
in the treatment of Scrofula and other kindred diseases.
It contains a considerable amount of Iodides and Bromides—combined with other salts—such as Chloride of Magnesium, Iron, Potassium, Sodium, and used in the form of baths, becomes a very acceptable substitute in diseases where their internal use is contra-indicated.
The Salt is prepared from the menstruum of Salt-wells of the Pennsylvania Salt Manufacturing Co., and every attention has been given to their purity.
The application of Strumatic Salt Baths is especially to be suggested in enlarged glands, and in that depraved condition of blood in which an alterative and tonic treatment is so much needed; in Rheumatism, it is especially adapted, in tertiary syphilis, cutaneous diseases, and diseases of the bony structure.
Depot for the sale of the Strumatic Salt, at
320 Race street, Philadelphia.
For sale by
—453—504
H. CRAMER.

DA COSTA'S MEDICAL DIAGNOSIS.

Second Edition. Just Issued. Price \$6.
For four new Subscribers to the MEDICAL AND SURGICAL REPORTER, and the money for a year (\$20), a copy of this original and popular American work, which has been thoroughly revised, with the addition of much new matter, will be sent. X

PHILADELPHIA

SUMMER SCHOOL

OF

MEDICINE.

No. 920 Chestnut Street, Philadelphia.

ROBERT BOLLING, M. D.
JAMES H. HUTCHINSON, M. D.
H. LENOX HODGE, M. D.
EDWARD A. SMITH, M. D.
D. MURRAY CHESTON, M. D.
HORACE WILLIAMS, M. D.

The Philadelphia Summer School of Medicine will begin its third term on March 1st, 1867, and students may enjoy its privileges without cessation until October.

The regular Course of Examinations and Lectures will be given during April, May, June, and September.

FEE, \$50.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, and in Practical Obstetrics. They will be enabled to examine persons with diseases of the Heart and Lungs, to attend women in confinement, and to make microscopical and chemical examinations of the urine. The class rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text-books, etc., will be constantly open for study.

SURGICAL DISEASES OF WOMEN. A Course of Lectures will be delivered by H. LENOX HODGE, M. D., on Displacements and Flexions of the Uterus; Inflammation of the Uterus; Polypi; Fibrous Tumors and Cancer of the Uterus; Inflammation of the Ovaries, Tumors of the Ovaries, Ovarian Dropsy, Sterility; Vesico-Vaginal and Recto-Vaginal Fistulae.

PERCUSSION AND AUSCULTATION in Diseases of the Lungs and Heart will be taught by JAMES H. HUTCHINSON, M. D., by Lectures, and by the Clinical Examination of patients.

WINTER COURSE OF EXAMINATIONS will begin with the Lectures at the University of Pennsylvania in October, and will continue till the close of the session.

Candidates for admission to the Army or Navy, and those desiring promotion to a higher grade, may obtain the use of the Class Rooms, and be furnished with private instruction.

Fee for Office Students (one year), \$100.

Fee for one Course of Examinations, \$30.

Class Rooms, No. 920 Chestnut St., Philadelphia.

Apply to

H. LENOX HODGE, M. D.,

479—530*

N. W. corner Ninth and Walnut Streets,

THE MEDICAL AND SURGICAL REPORTER.

No. 501.]

PHILADELPHIA, OCTOBER 6, 1866. [VOL. XV.—No. 14.]

ORIGINAL DEPARTMENT.

Communications.

CASE OF FATTY DEGENERATION OF THE LIVER.

By JAMES B. BURNET, M. D.,

House Physician, Bellevue Hospital, New York.

Andon Holeknechid, a native of Germany, 32 years of age, and married, came into Ward 32 of Bellevue Hospital during the summer of 1866. He gave the following history of himself and family: His father died at 42 years of age, from the effects of an amputation of one of his lower extremities; his mother is still alive and healthy, living in Germany, and although nearly sixty years of age, still retains the vigor of youth. He has one brother, who is healthy, and grown up to manhood. There is no known hereditary disease in the family. He has been married for several years, and has two robust children. His occupation was formerly that of a tanner, but latterly he has been a brewer. He has never worked any more than he possibly could, as he loves his ease too much. He never had the venereal disease in any shape or form, and never had any sickness whatever, so far as he knows, but always was a strong and well man up to six weeks before he came into the hospital. At this period he first noticed a feeling of lassitude creeping over him—he easily became tired, and his legs would give out when he took a long walk. He became listless and inattentive, he felt weak and feeble, and yet he felt no pain, and all the while was gaining flesh.

This he could not understand. He objected to exercise, and wanted to sleep the best part of the time. At times he was obliged to relinquish his occupation on account of his weakness, and had often to lie by for half a day or so. A dull heavy pain soon made its appearance in the middle of the epigastrium and on the right side, under the border of the ribs. He felt a constant weight there. Whenever he partook of any food, even though it might be of the lightest character and very small in quantity, he became conscious of a bur-

dened sensation in his epigastric region, as if he had eaten a most hearty and heavy meal. Oftentimes he would vomit his food or water as soon as they were taken into the stomach. The character of the articles vomited was apparently unchanged. His bowels were very loose, he sometimes going to the water-closet as often as fifteen times in the course of the twenty-four hours. His diarrhoea gave him just as much trouble at night as it did during the day. The fæces were very offensive, sometimes of a light, and sometimes of a yellowish-dark color, and liquid. No blood and no slime were passed however; he had no tenesmus, no fever, and no pain. Before this, his bowels had always been very regular. He passed his urine at this time very frequently, generally having to get up twice during the night for this purpose, but only passing a very small quantity each time. The color of his urine was abnormally yellow. He had no appetite whatever, but loathed what had formerly been his favorite dishes. For a number of years he had been in the habit of drinking one glass of whiskey before his breakfast, but he took no more of this particular kind of liquor during the rest of the day. He has, moreover, been accustomed to indulge very freely in ale, beer, and wines, for the last eight years. Occasionally he became intoxicated, but not very often. Never has he been troubled with the delirium tremens. Generally he drank twenty glasses of beer per day, it taking four glasses to make a quart. As a general rule, then, he drank from five to six quarts in the course of the day. This was his history when he came into the ward.

Present Condition. When first seen, he was very slightly jaundiced; especially was this perceptible in the sclerotic coats of his eyes. He presented a pale, bloodless look, sort of a pasty complexion. He was a large, powerful, and splendidly formed man, five feet ten and one-half inches in height, and a man apparently of great muscular ability. He was also bountifully provided with fat. His feet, and legs, nearly as high as the knees, were considerably oedematous, and had been in that condition for seven or eight days previous to his admission to the hospital.

There was also a slight swelling under the eyelids, which he had not himself previously noticed. His countenance was intelligent; his eyes bright; tongue slightly coated; pulse normal in character and frequency, although it might be called rather feeble for a man of his proportions. Temperature of hands and feet rather below the healthy standard; temperature of the rest of the body normal. His chest was broad, with much fat deposited upon it. Heart was normal in size, with its sounds healthy and regular. Lungs were in a fine condition. No abnormal configuration of the chest; he had never had a cough; had never spit any blood, and all thoracic disease was excluded. On exposing his abdomen, the first thing that attracted my attention was an unnatural prominence occupying the epigastrium almost entirely. This prominence presented dulness on percussion, and by placing the patient flat upon his back, and making him flex his legs upon his thighs, and his thighs upon his abdomen, the abdominal walls were relaxed, and although there was considerable adipose tissue interposed between the tumor and my fingers, still the outlines of it could be distinctly traced, and it was found to be very smooth to the touch. Its edges were rounded. It extended over to the border of the ribs on the left side, and considerably below the free border of the ribs on the right side. It was evidently connected with the liver. No pulsation was discernible in it, no thrill, no bruit. Aneurism was thus excluded. No nodules were to be found; no cancerous cachexia was present; the history of the patient and the nature of the pain were against it, and accordingly carcinoma of the liver was excluded. The man had never had dysentery (his intestinal trouble before described evidently not being of this nature); and I may here remark, that every patient with abscess of the liver with whom I have met, *has* given a history of dysentery, with only one exception; no fluctuation could be discovered; he gave none of the prominent symptoms of the disease, and consequently abscess was excluded. There being no ascites, and as the patient gave no symptoms of scrofula, and had never had syphilis, or taken mercury, waxy degeneration was excluded.

By a similar train of reasoning, every cause of enlargement of this gland was excluded, until nothing whatever remained but fatty degeneration. Now almost every symptom pointed to this. I have never met with a clearer history of this disease than the present one; for it is a well known fact, that the symptoms in this complaint are much more often of a negative rather than of

a positive character. But here, the indolent drinking life of the man, the gastric difficulty, the feeling of heaviness in the epigastrium and right hypochondrium, the offensive diarrhoea—although it is true that constipation is a more constant symptom—his pasty complexion, his anæmia, and last, but not least, the physical signs of the disease, which are of such immense value, all pointed to the *diagnosis of fatty degeneration of the liver*, which was made.

Treatment. The patient, in the first place, had his diet strictly regulated, he being allowed animal food plainly cooked, but being deprived of all sugars, fats, starchy food, and all alcoholic potations. He was kept in the open air the greater part of the day, and encouraged to take the most active exercise. He was given all the work that his strength would permit him to perform, and instructed how to employ gymnastic exercises. Morning and evening, for half an hour at a time, vigorous friction was used over the enlarged liver with the naked hand. After his bowels became more regular and natural than they were when he first entered the ward, which they soon did under mild astringents and a regulated diet, one-half a grain of podophyllin was given him each day before his breakfast. This medicine was given because it is reputed to increase the secretion of bile in the liver. He also drank freely of the "bitter water" of the Germans, and took three times a day twenty drops of the syrup ferri iodidi. He moreover had a cold shower-bath every morning, and had the whole surface of his body thoroughly rubbed with coarse towels. The improvement was slow but sure. His anæmic look gradually disappeared; the scleroticæ lost to a great extent their yellow hue; his bowels and urine became regular; his lassitude disappeared, together with the epigastric heaviness, and his old and persistent vomiting troubled him no more. There was not a more active man to be found in the ward, or one more ready to put his hand to any work. His appetite became very good. His fæces lost their peculiarly offensive odor, and he had no longer to arise at night for the purpose of passing his water.

By September 25th he felt so well that he wanted to go to work again, and accordingly was discharged, but before he left I made a most thorough and careful examination of the liver, and found it considerably and very perceptibly smaller than when it was first examined, but of course still much increased in size, as its decrease must be the work of time. No œdema of feet or legs was to be found; he had worked off a great

deal of his superfluous fat, and he felt in a most perfect state of health.

Remarks. After I had made the diagnosis of fatty degeneration of the liver, from the œdema of the lower extremities, and the puffiness under the eyelids, I feared lest the kidneys might also be in a similar condition, but repeated and rigid chemical and microscopical examinations of the urine have failed to detect either the slightest traces of albumen, or casts of any description. Being therefore of the opinion that the fatty liver is his only trouble, I have strong hopes that this is a proper case for a complete cure, if he will only persevere in his active training, avoiding all liquors, and living according to the advice that has been given him. The training that prize-fighters are obliged to submit to would be just the kind of training and exercise that he needs. The indication in this case is to eliminate the excess of fat from the hepatic cells, before the liver becomes disorganized in its minute elements.

Now that he is no longer under our immediate care, he has been directed to take small doses of iodide of potassium regularly, to drink of the Kissengen waters, to be much in the open air, to join a gymnasium, and to report once a month or so to me for examination and advice. At some future period therefore I may have an opportunity of reporting further upon his case, which has been to me one of peculiar interest.

PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS OF THE TRUNKAL MUSCLES, WITH THE THERAPEUTIC INDICATIONS INVOLVED.

BY E. P. BANNING, M. D.,

Of New York.

(Continued from p. 278.)

Objections Considered.

Philosophical as is this reasoning, and sweeping as is its attendant train of incontestable facts, there are those who, with a toss of the head, reject the whole as unworthy the consideration of mature minds, for a moment, on the score of its impossibility. Said the editor of a very respectable medical journal, "Doctor, your theory of curing uterine displacements by external support is really very fine; very ingenious; but I don't believe a word in it. The truth is, that in a course of articles, with drawings, I have settled the whole question, and proved the utter impossibility of the thing." "There, Doctor," (exhibiting his drawing,) "don't you see that even in the normal, and much more in the prolapsed state, the uterus is

located so low that no external support can possibly get hold, so as to raise it; the fact is, it must rather hold it down." He then moved the previous question, and the whole subject was settled. But I could not but think it a pity that so much good wind should have been wasted in proving what nobody denies, and also that my enlightener had not learned that there is no falsity equal in mischief to that of *truth*, when perverted or misapplied. The truth is that this objection *fires so wide of the mark as to be totally irrelevant*. Were it our proposition, that any form of abdominal support would actually support the uterus *directly*, that would be one thing, but our proposition is, that muscular laxity and a consequent undue visceral descent produces or maintains prolapsus, and that our combination of abdominal and spinal support so imitates the abdominal and dorsal muscles as to diminish the superincumbent burden, and wholly or partially re-enfranchise the uterine ligaments, just as a sinking ship rights up on throwing overboard only a portion of her cargo.

Thus much for the force of the editor's squelching objection. But, if you admit the pertinence of the objection for a moment, it cannot set aside the overbearing and incontestable cures which follow the judicious application of external support. These are patent, and stand and contest the objector. And I submit that inasmuch as other treatments have done and promise to do so little, it is the part of wisdom (if not of logic) to accept the facts on their own account. Philosophy is ever true, but may be misapplied; but *established facts* are always scientific; and, whilst upon this point, I venture to whisper to the student, and to the very young practitioner, that *any means whatever*, which most *surely cures*, should outweigh the most illustrious opposing authority in our election of remedies; for it is the *facts* of important discoveries which usually first appear, afterward their philosophy.

Other gentlemen assert with great doggedness the non-feasibility of abdominal support, on the score that, admitting undue visceral descent to be the agent in maintaining prolapsus, external support cannot possibly remove it, inasmuch as all such appliances must rather *press* than *lift*; and hence, that whilst they may give some general sense of support, such as the *corset* furnishes, the action, like that of the corset, must be illusory and injurious in the ratio of its use. To this there are several things to be said: And first, if this sweeping statement be true, *per se*, then it proves too much. for then it must be equally true that the more erect the body, and

tense and strong the abdominal and dorsal muscles, the greater must be the prolapsus from visceral descent, for the scientific support in question immediately restores the form and the bearings of Fig. 1, in which form and bearings no prolapsus occurs, whereas, that of Fig. 2, is the one which accompanies visceral descent. But to deal less summarily with the objection, Fig. 2, represents the ordinary case of prolapsus, where the medial plane of the pelvis is comparatively flat, like a dish, and presents a large surface to visceral pressure.

The small of the back has retreated, the upper trunk has settled, and the abdominal muscles are flabbied. Now if we apply an *ordinary squeezing* support at the base of the abdomen, without reposing the shoulders behind the spinal point, and without tensing the abdominal muscles, by rendering oblique the pelvis, it is certainly true, that the objection will be in force; it cannot well be otherwise. But in the premises the case is far different, for the brace is obliged, not to squeeze, but to lift upward and backward, and restore the form and bearings of Fig. 1, by erecting the trunk, restoring the form of the spine, depressing the pubes, and of consequence, tensing the muscles, and elevating the viscera; for in the latter case, the antero-posterior abdominal distance is comparatively much less than in that of Fig. 2; and besides, the abdominal floor is oblique, and not horizontal, thereby favoring upward action.

We see, then, that the force of this objection also is dissipated; first, because if it is real and proves anything, it proves too much; and 2d, because our support acts, not so much by force upon the *viscera*, as by so restoring the natural bearings, as to compel nature to remove the visceral incubus.

But a larger class of respectable objectors step with indifference completely over these two objections, and take the broad ground, that no matter how completely any support acts, nor how great the immediate relief they afford, still support is not feasible. First, they urge that God inspired each tissue with the requisite amount of inherent force, and that to render artificial aid is to make the weakness permanent, by teaching the delinquent parts to depend upon borrowed, and not upon inherent effort.

I reply, that this objection applies as strictly to *pessaries* and *medicine*, as to the abdominal support, and that notwithstanding the homilies written and talked against external support, their authors are the very men who never weary of singing the virtues of this peculiar form of pessary or of that, without any fear of weaken-

ing the vagina or perineum by weight and distension, nor of perpetuating weakness of the round and broad ligaments, by doing for them by the pessary, what the ligaments should do for themselves; nor of perpetuating torpor of the liver, by doing for it by blue mass, what it ought to do for itself. For our part, we are ready to act upon their grave objection, when they, in consistency, will act correspondingly in relation to medicine and pessaries. But the objection falls to the ground for the following reasons, viz., the brace does not do the work for *lazy* muscles, but simply *rests exhausted* ones, and acts by an aggressive but yielding force, which provokes them to activity, without the compression of a single nerve or blood-vessel, or the constraint of a single motion; as a timely loan to an embarrassed merchant, or as a boost to one in a death struggle to gain a summit. Said the venerable Prof. DE LAMATER, "this instrument is a complete suggester;" "it is so combined as to *make action*; all others *squelch action*." "It is like the difference between holding a body perpetually, and poising it upon its axis, where it is held by its own gravity."

But suppose for a moment that it be true, that the best form of abdominal and spinal support cannot be dispensed with without a relapse, after it has rendered a cardinal comfort to the patient, what then? How stands the balance sheet? Why, plainly this, that under other treatment, she has failed of even a promise of so much relief. But now she is immensely comforted, and made comparatively eligible to the immunities of life, and to the forces which inhere. Is not her condition an immense advance on her former state and prospects? She has got what she desired; comfort and enjoyment, whether it be scientific or not.

If she cannot dispense with her brace, but is comfortable with it, what then? She is no worse off in that respect than before, as the brace did not *produce* the necessity, but only discovered it; it existed before.

And again; is it not passing strange that grey-headed medical men should stand by and refuse support to patients, which they have for years failed to cure, under the horrible fear of the *habit of wearing it*, and never once have the *least* fear of the *habit* of being miserable without it, or of the habit of constant *medication*, under protracted weakness, (for patients will do something.)

The truth is, that to reject truly scientific abdominal support on the score of its being *artificial* and not natural, not only strikes at pessaries

and internal remedies, but also, at the entire idea of remedies in hernia, fractures, tumors, or constitutional states of all kinds; for the great architect made all things well, and gave them plenary powers under order; one department as much as another; for all remedies are artificial and not natural, and are resorted to under the idea, that the *regular order* is perverted by casualty, and requires to be quickened, corrected or substituted, for the time being, by remedies adapted to the plan of that casualty. Under this fact, then, we leave those who object to resting and helping exhausted muscles, to explain why they allow a truss to a hernia, a crutch to a lame man; or alteratives, deobstruents, antispasmodics tonics, and stimulants, to the constitutionally depraved and vitally weak, (for these are all artificial remedies;) and to explain also, why exhausted muscles and dislocated viscera should be excepted, and where the dividing line is, and what the *rule* of the exception. And, let me not be deemed prolix upon this point, for there is a *cause*, for even at this day, old and venerable teachers absolutely *refuse* to yield to the entreaties of their *fossil* patients, for a support, assuring them that it is far better to come up under the powers of nature in two or three years, than immediately by artificial means. Whilst conversing with a gentleman upon this point; said he; "My wife had for years been the subject of great professional anxiety in one of the largest cities of this country; ultimately, she was removed to a distant town, in a recumbent position, under an injunction from her physician, that if ever she got any better, to let him know, and he would surely visit her, and learn how the cure was effected. Shortly after the abdominal and spinal support was applied with such success, that she made a visit to the city in a very comfortable condition. On meeting the kind old Doctor, and informing him that my wife was well, and with me in the city, he lifted his hands, saying, "I'll go at once and see her; but pray, do tell me, what has effected this miracle?" I remarked; "Well, she has done nothing but apply the brace." "What!" said he, "*a brace!* I do not believe in it." I replied; "Why Doctor, you tried for years, and gave her up; and what else could I do?" "You know," said the Doctor, "that I steadily opposed a brace on the score of its being empirical." "Well Doctor, but it *cured* her, and she is here, and would like to see her old friend." The Doctor shook his head, and said, "*it wont be permanent; it is artificial.*" The Doctor never called.

[To be continued.]

SPOTTED FEVER.

By JOSEPH ADOLPHUS, M. D.,

Of Hastings, Michigan.

In a September number of the MEDICAL AND SURGICAL REPORTER I see an article by Dr. T. B. SMITH, of Cooperstown, N. Y., under the above caption, giving the history and treatment of nine cases of spotted fever, but one of which recovered. It is no unusual occurrence for eastern physicians to be unfortunate in the treatment of fevers generally, and more especially of spotted fever. The generic term *Spotted Fever*, is so unscientific and vague, that often different types of fever are so termed, notwithstanding their exceeding etiological and pathological difference. The first appearance of a rather fatal form of typhus fever, attended with purple, mulberry, or rose-colored spots occurred in the United States forty years ago, and was styled cerebro-spinal meningeal fever; and from time to time several epidemics have appeared in the West, along the Ohio river, in the valley of the Wabash, on the prairies of Indiana and Illinois; in eastern, central and southern Michigan; central and eastern Ohio, and northern Kentucky, and at last, in 1856, becoming quite general, and frequently appearing in many localities since then. This form of fever is often seen in different shapes. I must observe that I dislike the name Spotted Fever, inasmuch as it implies a particular type, as typhus, or typhoid, etc. Experienced western practitioners are well aware that what is termed spotted fever, is not always of one type. You may have noticed a year or two ago, that a very rebellious form of spotted fever prevailed in the Sciota Valley, in Ohio, attended with diphtheritic symptoms; while last fall a severe form of spotted fever was seen in Central Illinois, attended with lung complications. We often see fevers having all the essential symptoms of what is termed spotted fever, but no spots are observed throughout the entire epidemic.

In Dr. SMITH's article, case seven, decidedly the most severe, as far as nervous symptoms are concerned, recovered under a stimulating plan of treatment, which proved fatal to case five, apparently one of the mildest of those afflicted, (inasmuch as the little sufferer survived for six days.) The mortality is certainly great, and I feel quite disappointed that Dr. SMITH was unable to aid us by the way of post mortem examinations. Last year I treated upwards of twenty cases of spotted fever, and lost three. This statement may surprise many of my brethren, but the statement is nevertheless true.

Three years ago, in the winter of 1863, I treated eleven cases, and lost four. This is not intended to be egotistical, for I feel rather delicate about the matter, though other physicians around here are equally successful. But ten years ago we were sadly unfortunate in the treatment of these cases, though at no time had such a heavy mortality attended our efforts.

I regard spotted fever as a severe form of typhus. The idiopathic poison being intense, overwhelms the vital power, and prostrates the nervous force, exhaustion rapidly occurring. The part which the great sympathetic nervous ganglionic system plays in the economy, and its influence over the great vital forces, conspire toward producing such results as have been recorded by Dr. T. B. SMITH in his nine cases. When autopsies have been performed in fatal cases of this fever, serum has been found in the ventricles of the brain, sometimes stained with hæmatin of the blood. The meninges of the brain have been found injected, also of the cord and its membranes. But these pathological phenomena are not sufficient to give the case the title of inflammatory. The spinal symptoms recorded, do not necessarily induce us to accord to the spinal system of nerves any fault, inasmuch as we may have a reflex action. Spotted fever is a low devitalized state of molecular life, in common with all forms of continued fever, only differing in intensity. Often when the symptoms directed us to look toward the excitomotor system for explanation, we find only intestinal evidences. True, what we term real typhus and typhoid fevers consume a longer time in running their course, but it must be borne in mind that the manner of poison may be different. We often see cases of typhus fever run 30 days; and after death we find the same lesions as are found in what is styled spotted fever, without its marked features. Again, we often see spotted fever with nothing like spinal symptoms. Spotted fever is epidemic very often. One seeming difference between this and typhus and typhoid fevers is, that the young are the most numerous victims in the former, and the old in the latter. This may be easily accounted for on the hypothesis that frail vital force and youth are incompetent to withstand the severe shock that so large a dose of poison entails, as is the cause in this form of fever. In the great majority of cases recorded we find the pulse under 100; very often below 80. When we recur to the fact that any cause that will paralyze the sympathetic ganglionic system of nerves must affect the heart's action and lessen both its force and frequency, we are

at no loss to account for the slowness of pulse; stupor, delirium, dilated pupils, violent muscular actions, and loud cries, are peculiar to many epidemic fevers.

In speaking of the treatment, I must not be supposed to be dealing in specifics. I have seen different forms of treatment, both successful and unsuccessful, but I cannot refrain from calling the attention of the profession to the sulphite of soda, and the saturated tincture of the *green* root of *gelsemium*. I think that many cases may be saved under their judicious use, with strict care to alimentation; beef-essence, wine and milk; quinine, and hydrochloric acid. The sulphite of soda may be given, in doses varying from 5 grs. to 3ss, every two hours; and the gelsemium in gradually increased doses, from 11 drops even up to f.3ss. I have seen a boy of three years old, take 3ss every hour for six hours of the tincture, with no other results than to subdue those severe symptoms so graphically described by Dr. SMITH in his reported cases. But all depends on early treatment. Calomel and other purgatives must be avoided. Mercury, in every shape, must be put away. If the patient is seen early enough, an emetic of ipecacuanha and blood-root will accomplish a good deal.

R. Pulv. ipecac., 3j.
Pulv. sanguinariæ, 3ss. M.

Ft. pulv., iij.

One every half hour or hour, for a child three years old, till vomiting occurs. Enemas of beef-tea and quinine may often succeed the emetic in severe cases. Opium is of but little account, and often injurious. I have seen severe and long-continued coma occur after half a grain of opium. Belladonna comes in well here, viz:

R. Fl. ext. belladonnæ, f.3ss.
Aquæ, f.3ij. M.

Teaspoonful doses.

The following formula is quite convenient:

R. Sulphite sodæ, 3ss.
Aquæ cal.
Syrupi aurantii, aa f.3ij. M.

From one to three teaspoonfuls at a dose, every one, two, or three hours apart. The warm mustard bath is not to be overlooked; flannels wrung out of the same, and the patient wrapped up in them. Often when the pulse is high, half-drop doses of fluid ext. aconiti radix, every two or four hours apart, will allay its frequency, and quiet the severe nervous symptoms. Strong beef essence by the mouth and rectum occasionally, with quinine dissolved in tartaric or hydrochloric acid, work wonders. The great idea is to support the vital spark, and keep awake the excitomotor system of nerves. It has been too much the

practice to regard the cerebral and spinal symptoms as evidences of inflammatory action, whereas the opposite is the case. Severe depression is what we are dealing with. A severe shock has been sustained by the nervous system. The vital forces are depressed. Assimilation and elimination have been arrested. The patient dying because the machinery of life has been subjected to a severe shock, and its functions rudely arrested.

PLACENTA PRÆVIA AND MECHANICAL DILATATION OF THE OS UTERI.

By GEO. B. FUNDENBERG, M. D.,
Of Cumberland, Md.

August 20th, 1866. Was called to see Mrs. A., in the last month of her seventh pregnancy. On the morning of my visit, while walking across her room, she was surprised by a very profuse gush of blood. I found her in bed much alarmed, faint and pallid, with a weak and frequent pulse. Ascertaining that the bleeding had ceased, I contented myself with ordering absolute rest, with cold cloths across the hypogastrium, requesting to be called immediately upon the reappearance of any further discharge.

In two hours I was called again, and found that the patient had rallied, but that the hemorrhage had returned, and she was slowly losing blood. I now removed the vaginal clots, and found what I expected, a placental presentation, and over a rigid and undilated os, barely admitting the index finger. There had been no labor pains whatever.

Now what was to be done? The usual practice requires the introduction of the tampon. But any one who has ever used the sponge or linen tampon in a tedious case, and witnessed the excessive irritation produced by it, to say nothing of its other evils, would naturally feel some hesitation in resorting to its use. I was more loth to employ this means of restraining the hemorrhage, in consequence of the unfortunate result of my last case, in which fatal pyæmia could fairly be traced to the protracted use of a sponge tampon. Besides, I thought I had in my possession an instrument superior to any plug of sponge or other substance usually employed, capable not only of closing the vagina, but also of dilating it, and in doing so, opening also the os uteri. I refer to "BARNES' caoutchouc dilators." This apparatus consists of three fiddle-shaped caoutchouc bags, of graduated sizes, each bag prolonged into a long narrow tube, with a stop-cock. To these tubes is adapted an elastic syringe, by which a stream of tepid water may be thrown into the

bags, gradually dilating them to their full capacity. To facilitate the introduction of the empty bag, a small pouch is attached outside, to receive the end of the uterine sound.

These bags, intended for the dilatation of the os uteri, were recommended by Dr. ROBERT BARNES, of St. Thomas' Hospital, London, in the induction of premature labor. He also relates a case in which he dilated the os uteri in placenta prævia, but he does not appear to have appreciated their value as tampons.

I accordingly introduced the largest of the three bags, and injected water until the patient began to complain of the pressure. No more blood issued from the vagina. I saw Mrs. A. in six hours after, and found that a slight discharge of blood had shown itself a short time before my visit, I therefore dilated the bag still more by a few strokes of the syringe and left her. The next morning, there having been no discharge, I turned the stop-cock, and gently withdrew the empty bag, enjoined entire rest, with implicit directions to be notified if the hemorrhage should return. During the day she was comfortable, but in the evening, at six, she was again subjected to a copious flow, and I found her in half an hour after its return much prostrated and alarmed, with the discharge showing no signs of diminution. I immediately introduced the largest bag, and distended it as much as the patient could bear without discomfort. The bleeding was at once arrested.

Next morning I found she had again rallied, no hemorrhage had occurred, and she had slept well. There were now observed some symptoms of commencing labor. I removed the bag, and found the os still as small as a quarter dollar, rigid, and unyielding. The finger introduced found the placenta partially detached over a surface one-fourth of the circumference of the os.

I now introduced the bag, but this time injected the water until the distension became as much as the patient could bear without positive pain, and this with the triple design of dilating the vagina, of opening the os uteri, and of bringing on labor. At noon the pains were more decided and more regular, and at her request I removed the bag. I now found the os somewhat more dilated, but quite too small and rigid to permit the delivery by version. I therefore introduced the smallest bag into the os, having previously detached the placenta in its entire circumference as far as my finger would reach. The bag, after being distended, was expelled into the vagina by the first expulsive pain, but my second attempt was more successful, and I

had the satisfaction of finding the os completely occluded by the elastic dilator. I remained with my patient two hours, from time to time gradually distending the bag. At the end of that time I removed the bag, and introduced the medium sized dilator with much facility. This bag also became displaced, but being immediately replaced, no blood was lost. In an hour more, three hours from the first introduction of the bags into the os uteri, I found it sufficiently dilated to admit the hand without force. The placenta was detached sufficiently to permit the hand to ascend to the membranes which were ruptured, the child seized by the feet, and delivered alive somewhat exsanguine, but crying sufficiently loud, and the mother "as well as could be expected."

From the above case I have learned that these bags of Dr. BARNES' are the best of all tampons. Capable of being dilated to the size of the foetal head by a few strokes of the syringe, easily introduced, and as readily removed, they answer every desirable indication. They are very valuable as dilators of the vagina; in answering this purpose, they, at the same time, dilate the os uteri, and stimulate the womb to expulsive efforts, and last, but not least, they obviate the terrible necessity of a forced entrance into the womb.

CAMP DIARRHOEA.

By D. A. MORSE, M. D.,

Late Assistant Surgeon, U. S. Vols. Of Alliance, Ohio.

In the MEDICAL AND SURGICAL REPORTER for July 21, 1866, was a communication from W. E. WHITEHEAD, Assistant Surgeon, U. S. A., in which he requests an answer to the following questions:

"Is not the camp diarrhoea of soldiers in the field caused by a scorbutic condition of the system?"

Having treated a great many hundred cases of diarrhoea, both acute and chronic, during the rebellion, as well as having made many post mortem and also microscopic examinations of diseased tissue, I will present my views, and the faculty can receive them for what they are worth. Before giving a reply, however, I would state my views of the *pathology*.

There is diminished vitality and consequent power of the nervous system supplying the epithelial structures of the digestive organs; more or less congestion of the portal circulation and vitiated secretions consequent upon these conditions. The diminished absorption and assimila-

tion results from loss of tone in the epithelial structures. Diarrhoea under *all* circumstances, in my opinion, is the result of this same condition.

The principle that "like causes produce like effects" holds true throughout all the broad domain of science. The question then arises, what produces this condition in the soldier? The "scorbutic taint" is the result of mal-assimilation. No one can manufacture a good article out of poor material. In a great number of cases of diarrhoea there is no scorbutic taint shown. To illustrate this: A regiment of robust healthy men enters camp direct from their homes. They are crowded together in tents or barracks; sleep upon boards or the ground; eat a different diet from what they have been accustomed; neglect their persons; in many instances overload their stomachs with indigestible truck from a sutler's nest of destruction—for they furnish more patients for the hospital than any other cause in a camp of new troops—then are exposed to the effluvia of an old sink, or accumulation of decomposing matter. These with other depressing mental influences produce the condition mentioned. We have a man in whom there is not the least deviation from the standard of health. He visits a privy where a whole camp deposit their excretions. He is almost *stunned* by the smell. The next morning he feels languid, feverish, weak; has perhaps headache, nausea. He eats his usual allowance of food. Visits again this source of disease, to find that his food has undergone no change in the alimentary canal, except fermentation and decomposition. He reports sick. The result—*opium* and chronic diarrhoea. If in the field, the surgeon may be unable to furnish him a change of diet. He treats his case week after week. At last the swollen gums, dark spots upon the limbs, and other symptoms of scorbutus appear as an accompaniment of diarrhoea, and a result of "improperly cooked food and want of anti-scorbutics." I know of no reason why *scurvy* should be considered a cause of diarrhoea more than diarrhoea of *scurvy*. Each results from its own particular cause. The conditions surrounding the soldier which produce *scurvy*, may militate against a cure of his diarrhoea.

When the vitiated secretions are once established, we then have present a constant exciting cause of this same condition of the nervous system. You find yourself in the condition of a man who attempts to heal a flesh-wound which contains the thorn that produced it. The improper action of the digestive organs upon food,

when this condition is established, will often result in scorbutus. This will not be questioned. It is seldom that well-developed scurvy will be shown if proper food is given. But I have had it result with men who were feeding upon a vegetable diet. When once digestion is disordered in camp, proper diet alone will not always prevent scurvy. If the food is not assimilated, the patient is in the same condition as the man who feeds upon an improper diet. The fact being established then, that diarrhœa is produced only by the operation of a cause equal to such an effect, we will consider the third question.

"Does not this scorbutic condition of the blood cause fatty or amyloid degeneration of the small arteries supplying the sub-mucous tissue of the intestinal canal?"

A microscopic examination alone will reveal this; the degeneration not being recognized by the unaided eye. The microscope shows, in many of these long continued cases, amyloid degeneration existing throughout the whole alimentary tract. Whether this degeneration (question iv.) is the cause of the persistency, I am unable to say. Whether it ever exists in obstinate cases which recover, would be a point to be first considered.

I know of no *ante mortem* indications that will inform us. This amyloid degeneration extends to the kidneys in many of these cases, producing symptoms of BRIGHT'S disease; but more frequently we have an accumulation of serum in the abdomen. I have found in one case fatty degeneration of the heart, but this man was a serofulous patient, and his lungs were stuffed with tuberculous deposits. How much this modified the condition of the heart I am unable to say. I never found fatty degeneration only when there was tuberculosis.

I do not think that camp diarrhœa results from a scorbutic taint, but regard it as an expression of the pathological condition given. Whatever cause operates to produce diarrhœa must first produce this condition. In scurvy we may have no diarrhœa, though in the field the cases in which it does not exist are exceptional ones. In the prisons at Camp Chase nearly every one having scurvy had diarrhœa; but a large number having diarrhœa showed no signs of scurvy. The pathological conditions are dissimilar. The changes in the blood, the character of every pathological change being so different, we cannot regard one as the result of the other, further than as the combined influence of causes may tend toward the same result.

As regards treatment, I would relieve first the portal system, and thus unload the secreting and excreting organs. The epithelial tissues being the ones involved through the nervous system, our remedies must be directed to them. Their intimate connection with absorption and assimilation, secretion and excretion, renders it evident, that unless we maintain their function, we can accomplish nothing. The diminished or vitiated secretions from the liver and kidneys expresses it too plainly to be mistaken.

We should first administer Epsom salts and unload the mucous membranes. Then give diuretics, alteratives, tonics, etc., as indicated. I regard opium as highly injurious in camp diarrhœa. It arrests the secretions you desire to establish. If the patient suffers much pain put a mustard plaster on his belly, or, what is better, draw a blister. I would give a pill, in acute cases, of small doses of ipecac., calomel, podophyllin and ext. hyoseyamus. I would excite the secretions of the liver, but avoid the use of mercurials as much as possible. As an astringent I prefer catechu. Give antacids, nux vomica, ale; baths of salt water, iron, etc., in chronic cases.

Under the use of tannin, both in large and small doses, I have found no beneficial results.

Bismuth I have used in a great many cases, in doses varying from three grains to fifteen grains. In one lot of a hundred cases I used eighteen ounces in a single week. I lost but one case, but think the benefit obtained from treatment was from other remedies combined with the bismuth. Lead, while it is a good sedative and astringent in acute cases, should not be given in chronic diarrhœa.

For the treatment of a chronic case, a plan must be adopted that is indicated—*then stick to it*. If there is ulceration of the bowels, give enemas of argenti nitras, or cupri sulphas. If you wish to use opium ever, use a suppository of opium, camphor, and soap. This will relieve tenesmus; the blister terminia.

As an evidence that the disease affects the whole digestive system, we have the arrest of *all* the secretions. As an evidence that the disease is not confined to the large intestines, we have ulceration in other parts—thus, in O'BRIEN, who died at Madison, Indiana, in hospital, there was an ulcer which produced death by perforating the duodenum a little below the pylorus. He had ulceration of the rectum, which had been cured by injections of nitrate of silver, as the cicatrix showed. In one case examined at Rome, Georgia, with Surgeon G. F. FRENCH, U. S. Vols., there was ulceration of the cæcum, extending

through all the tissues, and forming an artificial anus. The liquid flowing out was acid. The man died, post mortem examination showed an attempt of nature to fasten the bowel to surrounding tissues, but without success. The man was a chronic diarrhoea patient. No amount of drugs poured into either of these cases would have saved them.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
September 19th, 1866.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Fatty Tumor in an Uncommon Situation.

James M—, æt. 52. He has had a small tumor on the right side of the neck, over the sterno-cleido-mastoid muscle, for the last ten years. It has been gradually growing. There is no pain, and no discoloration of the skin present. The appearance of the skin, the duration of the tumor, its movability and elastic feel, and its situation, would lead to the supposition that it was sebaceous.

An incision was made in a perpendicular direction, to afford an outlet for any secretion during the treatment, and to make less of a scar after the cure is completed, than would remain if the skin were divided horizontally or obliquely. The tumor was found to be a fatty one.

It is extraordinary that it should have remained for ten years in a dormant condition. The situation for a tumor of this kind is very unusual. It is only the second case of a fatty tumor about the neck with which Prof. Gross ever met. The other was removed about a year ago at this clinic, and occupied the angle of the jaw.

Two interrupted sutures were used to bring the parts together, with the aid of narrow adhesive strips.

Anchyllosis of Knee-Joint.

Peter B—, æt. 27. He is a fireman, and last February was knocked off from the third story of a house, by a stream of water from a hose, and fell into the cellar. His right hip was said to have been dislocated by the accident.

The right limb is very much diminished in size, the muscles are softened and wasted, and there is not as much adipose substance as on the other side. The foot is cold and clammy. The knee is flexed at a right angle, and there is great contraction of the ham-string muscles.

The probability is, that in consequence of the injury, inflammation was excited in the synovial membrane of the joint, followed by an effusion of plastic matter, connecting the articular surfaces together, and producing a species of anchyllosis. The parts are not firmly united; there is no bony anchyllosis, but one simply fibroid in character.

Concussion or violent contusion, is quite sufficient to awaken a severe form of inflammation. Concussion of the brain will frequently give rise

to violent inflammation, followed by convulsions and death, without any laceration of the brain substance. So also in regard to articulations, as is shown by the violent inflammation following the concussion and contusion produced by a billet striking an articular extremity.

The patient was placed under the influence of chloroform. On forcibly extending the leg, a creaking noise was elicited within the articulation. The joint is dry; the secreting surface has probably in great measure been destroyed. The muscles yielded on forcible extension, but in order to make the limb perfectly straight, the inner ham-string muscles were divided. The patella was quite firmly united to the tibia, but was detached by tapping with a mallet. The anchyllosis was completely broken up. Acetate of lead and opium was directed to be applied for a few days. An anodyne was administered, and quiet enjoined.

Encephaloid Tumor of the Thigh.

Wm. C—, æt. 50. Hod-carrier. He has had a tumor in the upper and inner part of the right thigh, just below POUPART'S ligament, for a year. He did not hurt that part of the body before its appearance. It was about the size of a hen's egg when first noticed, and is not now so large as it was six months ago. It bleeds at times. Five weeks ago it ulcerated. It has discharged much matter since then, of an offensive character. It is sore to the touch, but there is no pain in it. The tumor is of a semi-solid consistence. The skin is remarkably discolored, and there are not less than four openings, one of them quite large, with a protrusion of the contents of the tumor. The integument around the morbid mass is also discolored. The tumor is movable, but doubtless extends down as far as the aponeurosis, if not into the muscles of the thigh. It is more deeply seated than a superficial examination would lead one to suppose.

At first sight it has all the appearance of a malignant tumor, for a benign tumor is rarely attended with any uniform discoloration of its covering. There may be some enlargement of the subcutaneous veins in a benign tumor, and the skin discolored at one or more points, for there may be ulcerative action, or the compression of the skin may give rise to congestion of the vessels of the part, but there is never such a uniform discoloration as is observed in this case.

If then the tumor be malignant, to what class shall it be referred? It is not scirrhus, which is exceedingly rare in the skin and subcutaneous cellular substance, and upon an extremity, its most common situations being by far the mammary gland, the liver, the uterus, the penis, and the lower lip, occurring more frequently in the mammary gland than in any other part of the body, or than in all other parts taken together.

Melanosis is an exceedingly rare affection. When it does invade the body, it is apt to occur simultaneously or in more or less rapid succession in different regions. It is strictly a constitutional and multiple disease, liable to occur in the lymphatic ganglions, testicle, liver, lungs, the cellular and adipose tissue of various regions of the body, especially the eye, and even the pa-

rotid and prostate glands, and the bladder. There is one blackish spot on this tumor, but it is doubtful whether it be truly melanotic. The mass has not the features of an ordinary melanotic tumor. Melanosis is, therefore, excluded with some little reservation.

It is not a colloid or gelatiniform tumor, because that affection is exceedingly rare, and is never situated so superficially as here.

The tumor is too large for epithelioma, which is commonly met with at the junction of the skin, and mucous membrane, as at the lip, vulva, penis, etc.

By exclusion, encephaloid, soft cancer or fungus hæmatodes is arrived at. This form of disease is not very common. In comparison with scirrhus it is quite rare. Prof. Gross removed the mammary gland of a lady, thirteen days ago, the seat of an affection of this kind. Occasionally this tumor is met with in the lymphatic ganglions of the axilla and groin, in the mammary gland and testicle especially in young subjects, in the eye and in all parts of the body and at all periods of life. The tumor of this patient has the feel of encephaloid and it has the characteristic ulcers with fungus protrusion and a discharge of sanious or bloody character. It bleeds pretty freely at times. In scirrhus the ulcer would be excavated, would not be the seat of much hemorrhage; the discharge would be unhealthy, and the pain would be much greater than it is here, and of a sharp lancinating character.

Prof. Gross was not disposed to interfere at present. In a week or ten days he might be induced to remove the tumor, a deep incision would have to be made, there would be an insufficiency of integument, and it is doubtful whether the wound would heal. Simple cerate, with the addition of a little rhubarb and opium, locally, and tonics and milk-punch, internally were ordered.

Malformation of the Nasal Septum.

Ann C—, æt. 22. She breathes with difficulty through the right nostril. An examination showed nearly complete exclusion of that cavity, caused by a deviation of the cartilaginous portion of the nasal septum to the right side. The left nostril is increased in size. The proper remedy is the removal of the offending portion of the septum. This malformation is usually congenital.

A portion of the projecting septum was shaved off with a probe pointed bistoury, and the passage thus widened.

Dr. Fordyce

dined every day at Dolly's chop-house. His researches led him to conclude that man eats oftener than nature requires, one meal a day being sufficient. He made the experiment on himself, and finding it successful, he continued the following regimen for more than twenty years. At four o'clock, his accustomed dinner-hour, he entered Dolly's chop-house, and took his seat at a table always reserved for him, on which were instantly placed a silver tankard full of strong ale, a bottle of port wine, and a measure containing a quarter of a pint of brandy. The moment the

waiter announced him, the cook put a pound and a half of rump steak on the gridiron, and on the table some delicate trifle, as a *bonne bouche*, to serve until the steak was ready. This delicacy was sometimes half a broiled chicken, sometimes a plate of fish; when he had eaten this, he took a glass of brandy, and then proceeded to devour his steak. We say devour, because he always ate as rapidly as if eating for a wager. When he had finished his meat, he took the remainder of his brandy, having, during his dinner, drunk the tankard of ale, and afterward the bottle of port. The Doctor then adjourned to the Chapter coffee-house in Paternoster row, and stayed while he sipped a glass of brandy and water. He made no other meal till his return next day, at four o'clock, to Dolly's.—*Temple Bar, from British Medical Journal.*

EDITORIAL DEPARTMENT.

Periscope.

Cerebral Embolism.

The London correspondent of the *Richmond Med. Journal* has some interesting remarks on this subject, which within the last few years has attracted the attention of observers. In some cases which during life had been diagnosed, as cases of apoplexy, after death, as hæmorrhage into the brain or meninges, was found but a small plug, or embolus, in one of the cerebral arteries, perhaps most commonly in the middle cerebral artery, or in one of its primary branches, often just at the point of division. This plugging of a cerebral artery leads to inflammatory softening of the parts supplied by the artery. The effect is not simply that of deprivation of blood supply, for by collateral channels a considerable quantity of blood soon reaches the part; but the blood so supplied by means of many small anastomoses, is not impelled by a sufficient *vis a tergo* to insure its being rapidly carried off by the veins. The circulation, in consequence, becomes very sluggish and a low form of inflammation is set up, the part becoming at first redder than usual; then undergoing yellowish discoloration and becoming soft and pulpy, presenting under the microscope the compound granule corpuscles, characteristic of inflammatory softening of nervous structures.

After alluding to the fact that these cases of cerebral embolus were first observed in cases of heart disease, with vegetations on some of the valves; and the conclusion generally adopted that the detachment of a small piece of fibrin from one of the cardiac valves, its entrance and passage into the current of the blood and final deposition in a cerebral artery,—there giving rise to the *embolus*, was the pathological starting-point of these cases of embolic softening of the brain, our correspondent points to those cases where cerebral embolus was found disconnected with any cardiac lesion, or indeed any apparent source, whence the fibrine could have been detached. Hence the conclusion of some pathologists that these

masses of fibrine are not carried onward from the heart, but are the result of disease at the seat of the plugging in the cerebral artery itself. The author admits the possibility of both causes. In one case of death from extensive cerebral softening, he saw nearly the whole of the arteries at the base of the brain in a state of atheromatous degeneration, and some of them completely plugged, others partly so, by fibrine adhering to these roughened internal surfaces. The following two cases are of interest; one illustrating the local, the other the cardiac origin of disease of the cerebral arteries, and embolic softening:

Case I. Man, 27 years, admitted to hospital; ill five days; seized in the morning suddenly with paralysis of right arm and leg; on attempting to walk he fell down, but no fit. On admission there was some power in the leg, but the right arm almost entirely paralyzed; with exception of some impediment of speech no evidence of facial paralysis; giddiness in the head. Slight traces of eruption on the face; had had syphilis about four years ago, and secondary eruptions at intervals ever since. After a fortnight the cerebral symptoms became more decided; delirium set in, and finally coma; died on 27th day of his admission.

Autopsy. Pale mass of fibrine obstructing one of the primary branches of the left middle cerebral artery, entirely blocking up the artery, and firmly adherent at one spot to its wall. Arteries elsewhere healthy. A well defined patch of advanced inflammatory softening in the left corpus striatum, and the corresponding part of the middle lobe of the left cerebral hemisphere was somewhat discolored at the junction of the grey and white portions, and found under the microscope to exhibit evidence of inflammatory softening. The heart was not diseased.

Here the evidence is all in favor of the clot having formed in the cerebral artery, where it was found; and when this is taken with other cases, there is fair evidence that the disease in the cerebral artery was the consequence of syphilis.

In the second case the evidence is strong in favor of the embolus having been carried forward from the heart into the brain.

Case II. Man, æt. 26, admitted into hospital with femoral aneurism. The artery was ligatured, but secondary hæmorrhage on the tenth day necessitated ligature of the external iliac artery. This arrested the bleeding, which, however, returned, to a certain extent, in the femoral wound, a day or two after. Soon after, he was seized with cerebral symptoms, which, together with the loss of blood, proved rapidly fatal.

Autopsy. Disease of the aortic valves, which were partly adherent to each other, and presented vegetations, some apparently old, and others of recent date. There was a pale clot in the left ventricle, extending to the aortic valves, and adherent to the vegetation, and portions of it were loose, and easily detached, in small shreds, from the rest of the mass. *Brain.* Arteries at the base apparently healthy; but on tracing out the branches of the middle cerebral artery, on the right side, the distal extremity of one of them was found plugged with firm, pale, slightly adhe-

rent fibrin. The parts supplied from this branch were the convolutions of the aorta, and lower part of the right middle lobe of the cerebrum. The grey matter of those portions was of a bright red color, and very soft and pulpy, and this softened condition extended to the outer part of the corpus striatum. On microscopic examination the softened grey matter was found to have a very granular appearance; nerve tubules broken down; nerve-cells granular looking, with irregular aggregations of minute oil-globules. There were no well-formed inflammatory corpuscles to be seen, the case having probably been too rapid to admit of their formation. In this case there were also masses of fibrin (probably the result of emboli), in the spleen and in the left kidney. The author concludes:

Here there was cardiac disease of the kind most likely to favor the detachment of an embolus, and this seems the most probable explanation of the case. The whole subject, however, requires further observation and elucidation, and especially with reference to the relations existing between cerebral embolism, and the so-called pulmonary apoplexy; also other collections of fibrin, not unfrequently met with in other viscera, especially the spleen and kidneys.

Menstruation in Pregnancy.

At a recent meeting of the Obstetrical Society of London, Dr. GRAILY HEWITT, according to the *British Journal*, related a case illustrative of menstruation in pregnancy. A woman, æt. 30, had several pregnancies. The last child was born June 23d, 1865; suckled one month. Catamenia appeared from September 15th to 25th; in October they were absent; November 7th she had a discharge of blood, with slight watery discharge, alternating for a week. December 7th she was poorly, as usual, for six days. January 8th, 1866, she felt quickening. March 1st, pregnancy was distinctly diagnosed. Delivery of a female child, about a fortnight short of full time, on May 17th.

The author considered it probable in this case that there was a twin conception, one ovum perishing, and giving rise to the flooding observed in November. It might be that some other cases of apparent menstruation in pregnancy have a similar source; but in regard to the majority of the cases of menstruation in pregnancy, and excluding cases of irregular hæmorrhage, he believed the source of the blood to be the decidua vera, as in ordinary menstruations, the unusual condition in such cases being the absence of adhesion of the two membranes, the decidua vera and the decidua reflexa. The decidua chamber, may, in other words, persist to a later period than usual, in which case there is no difficulty in accounting for the exudation of blood from within it, and its appearance generally.

General Effects of Atropine from its Local Use.

At a recent meeting of the Chicago Medical Society, we are told by the *Medical Examiner*, Dr. E. L. HOLMES reported a case, in which he had occasion to have a strong solution of atropine dropped into the eye of one of his patients, at short intervals, for 24 hours in succession, when

severe and well-marked symptoms of the general effect of atropine upon the whole system began to be manifested, and were continued for a considerable time. Dr. NELSON related a case, in which a solution of atropine dropped into the eye twice, caused a dilatation of the pupil that lasted through a period of ten days, but was not accompanied by general symptoms.

Reviews and Book Notices.

A Guide to the Practical Study of the Diseases of the Eye: With an Outline of their Medical and Operative Treatment. By JAMES DIXON, F.R.C.S., Surgeon to the Royal London Ophthalmic Hospital, Moorfields. From the Third London Edition. Philada.: LINDSAY & BLAKISTON. 1866. 12mo., pp. 400. Price, \$2.50.

As a book prepared expressly for those "commencing the study of Eye Diseases," Mr. DIXON's manual will answer a very good purpose. It is less scientific and technically complete than the work of LAURENCE and MOON, lately noticed in this Journal; and differs also from that book in being almost without illustrations. But it is still more elementary and easily read; so as to make, very well, a first book upon the Eye. For a course of study, we would recommend this as a beginning, then MACKENZIE's large Treatise, and then, as a *résumé*, LAURENCE and MOON. Points of interest in the opinion of Mr. DIXON are as follows: He emphatically opposes the use of nitrate of silver as a local application in inflammation of the *cornea*, while he advocates it as almost a specific in *conjunctivitis*; though not in strong solution. For granulated lids, he has found undiluted liquor potassæ (after BAEDER) the most effectual application. He follows HUTCHINSON in regarding *notched incisors* (not *serrated*) in children as an almost certain sign of syphilitic constitution; thus identifying *syphilitic keratitis*. Mercury is believed by him to be important in all cases of iritis, except those produced by injury; and *the* great remedy in syphilitic iritis. Cataract he divides into nuclear and cortical, rather than hard and soft; considering the latter as only two stages of the progress of the disease; while he denies the separate existence of capsular cataract, and therefore rejects the anatomical classification of lenticular and capsular. Great value is asserted to have been proved under his observation in the use of *atropia* in some cases of congenital cataract; in which, as there is *peripheral* transparency of the lens, dilatation of the iris will utilize that. A man is mentioned who for nearly forty years thus used belladonna or atropine, so as to read and do the work of a watchmaker, without any impairment of the natural motor

power of the iris. In iridectomy, Mr. DIXON differs from HANCOCK and others, in thinking it not essential to divide the fibres of the ciliary muscle. He considers it too soon yet to decide absolutely upon the comparative merits of the flap and the scoop operations for cataract. Chloroform he would hesitate to give in the operation of extraction by the flap-wound of the cornea, for fear of vomiting. In extirpation of the eye, and in the operations for artificial pupil and strabismus, as well as in most operations upon the eye in children, Mr. DIXON approves of the administration of chloroform. Nitrous oxide has not yet found its place in the works of British or other European surgeons.

Thermometric Observations in Fever. By THOMAS WRIGLEY GRIMSHAW, A. B., M. B., Physician to Cork Street Fever Hospital; Lecturer on *Materia Medica* in STEVENS' Hospital, Dublin, 1866. Reprinted from the *Medical Press and Circular*. Pamphlet, pp. 19.

Much credit is due to the author of this interesting paper for his care and industry in putting to the test the use of the thermometer as a means of diagnosis. A record of twenty-three cases of fever is given in full. The author admits that changes of temperature have a value in diagnosis; but, without yet drawing positive or final conclusions, he has seen reason to fear that the relative importance of such variations has been overrated. As to typhus fever in particular, he agrees with Dr. PERRY, of Glasgow, in believing that the range of temperature given by Dr. AITKEN, in his work on Practice, as a typical range, is *too high*.

On Atmospheric Conditions Influencing the Prevalence of Typhus Fever. By THOMAS WRIGLEY GRIMSHAW, A. B.; M. B.; C. M.; L. R. C. S. I., etc. etc. Reprinted from the *Dublin Quarterly Journal of Medical Science*, May, 1866. Pamphlet, pp. 8.

In this well-written essay, accompanied by a diagram illustrating the number of cases of typhus in hospital, the temperature and the moisture of the air for all the months in the year 1864; its author asserts the following conclusions as sustained by the facts.

"1st. That an increase in the moisture of the atmosphere favors an increase in typhus, and *vice versa*.

"2d. That an increase of temperature favors an increase of typhus, and *vice versa*.

"3d. That the two previous conditions combined are *most* favorable to an increase of typhus, and *vice versa*.

"4th. That when cold and moisture combine, the former tends to diminish the influence of the latter."

Medical and Surgical Reporter.

S. W. BUTLER, M.D., *Editor and Proprietor.*

PHILADELPHIA, OCTOBER 6, 1866.

A PRIZE OF \$250 OFFERED.

We would call the attention of our readers to a communication in another column, offering a PRIZE of \$250 for the best Essay on the ETIOLOGY OF EPIDEMICS. The gentleman who offers the prize is well known to the profession of the country, and is entirely responsible. His name will be announced at the proper time.

Will other medical journals throughout the country give publicity to this offer, that all may have an opportunity of contending for the prize who choose to do so.

THE MEDICAL CLASSES.

We are pleased to observe that the prospects are fair for good classes in the medical schools of this city and New York, and to learn that the same is true of other schools throughout the country. There is no doubt but the advance in fees in the principal schools may have the effect of somewhat diminishing their classes, but the aggregate number of students will not probably be thereby diminished, as students who are unwilling or unable to pay the advanced fees, can find schools where they can be accommodated at the old rates.

The graduate of but a few years standing cannot but envy the student of the present day the advantages he enjoys, when he sees how the means of instruction have multiplied, and how much more extended a system of teaching obtains in the regular and preparatory courses in our colleges. The progress of medical teaching in our schools is sure, though much remains yet to be done before our system can claim anything like perfection. The time of study needs to be extended, the collegiate course should include three sessions, fewer lectures being delivered daily, and a more complete course given in the aggregate. The cramming process now in vogue must give way, and a more rational system be adopted ere long. The indications point to this strongly.

We wish that our medical schools would agree to a modification of the present mode of conferring the degree. At the end of the curriculum of study in the schools, let the degree of *Bachelor in Medicine* be conferred, and after the graduate has acquired a certain amount of experience, either in hospitals or in general practice, let the degree of *Doctor in Medicine* be conferred in

course, as the degree of Master of Arts is in some of our literary institutions. Such a course would have a very excellent effect in the communities where recent graduates are endeavoring to establish themselves, tending to give confidence in the ability, professional character, and standing of the physician who asks for support. It would also enable colleges to rid themselves of many unworthy candidates for the full degree.

These may be regarded as rather crude suggestions, but we throw them out for the consideration of those interested in encouraging the disposition to improve our system of medical teaching.

We trust and believe that an opportunity will be afforded the schools of discussing these questions at length next spring, in the convention of representatives of medical colleges proposed to be held at Cincinnati, just before the American Medical Association meets there.

Notes and Comments.

Medical Observations in Asia.

In a letter to the *Cincinnati Journal of Medicine*, Dr. C. O. WRIGHT makes some interesting statements of his medical observations in oriental lands. The English Hospital at Hong Kong, he describes as an excellent institution; commodious, cheerful, and homelike. The hospital at Amoy surpassed any he had seen. "It is situated upon a knoll to the east of the city, overlooking the harbor, one story high, with extensive halls and high ceilings. Each ward is about thirty feet broad, and accommodates six beds. The windows extend from the ceiling to the floor, and are four or five to each ward, while they open upon a nice court, thus affording free ventilation."

Regarding predominating diseases, he says: "China affords a vast field for the study of eye and skin diseases. Dr. PARKER, in Canton, has had probably more cases of these diseases to treat than any living physician. Cutaneous diseases are more prevalent in Asia than any other disease, probably due to the extremely dirty habits of the inhabitants; for it is not uncommon to see men, women, and children, hogs, dogs, cats, and fowl occupying the same room. The diet of the Chinese is principally pork, fish, and rice. Intermittent fever prevails as a common disease. South from Hong Kong, bilious fevers are in the ascendancy. In ports thrown open to trade, syphilis largely exists, and is particularly severe in its character. Dysentery ap-

pears to be very common, for while in Siam, out of a crew of twenty-four men, fifteen were laid up, and nine men lost from dysentery in three weeks. The weather was intensely hot, and the crew eat freely of fruit; to this the large number of cases may be attributed."

Of *betel-nut* eating, the Doctor says: "One of the first things that attracted my attention in Southern China was the extensively red lips and gums, and black teeth of the natives, which I found was due to the use of the 'betel-nut,' they using it as we do tobacco, that is chewing it. It is used from the islands where the palm grows through the country of China, and from the Red Sea to the Pacific Ocean. The nut (*areca nut*) is the fruit of a slender graceful palm, about six inches in diameter and thirty feet in height. The nut, when husked, resembles a nutmeg in color and shape, but larger and harder. When used, the nut is cut into thin slices, and wrapped in fresh raw pepper-leaves, adding shell-lime enough to give it a flavor. All classes of people use it, male and female."

Malpractice.

The *Cincinnati Journal of Medicine* quotes the following sound views from a charge of a French judge, recently delivered in a trial for malpractice:

"Providing a surgeon acts according to the rules of his art, he incurs no responsibility, whatever may be the result of his operation; and that even if it may be asserted that such an operation, executed more skilfully, might prove more advantageous, or less mischievous to the patient. Pushing medical responsibility beyond certain limits would be only to deprive patients of the succor of art precisely at the moment when they have the most urgent need for it. For, when a serious accident, calling for immediate aid, occurred, no surgeon would venture to operate upon the patient, in the fear that if, in spite of his efforts, the results proved unfortunate, he might be himself accused of having occasioned them, and no one would act without a consultation, giving rise to the loss of precious time, and the production of irreparable mischief."

The Metric System.

We have repeatedly alluded to the adoption of the metric system as a needed reform in weights and measures. Our excellent cotemporary, the *Boston Medical and Surgical Journal*, speaking of the subject, says:

"In no branch of industry, trade, or profession, however, is there so great confusion in this

particular, or so much need of the adoption of the metric system, as in our own art. Not only are there the two distinct systems of *avoirdupois* and *troy weight*, with the same terms, by one of which medicines are bought, while they are dispensed by the other, but the terms for liquid measure, both wine and imperial, are likewise identical with those of the former, so that all four are frequently confounded and differently interpreted by physician and apothecary. * * *

We trust that long before the time for the fifth decennial revision of the *Pharmacopœia*, the profession will have adopted by general consent the simple metric system of France, for it is only by such steps on the part of the learned bodies, for whom such changes are not impracticable, that its universal adoption will be accomplished."

The *Journal* also suggests that scientific men employ the metric system exclusively in their language and works as lecturers and authors, as a means of hastening its national adoption. A good suggestion.

Another New Medical Journal.

We have received the Prospectus of the *Kansas City (Mo.) Medical and Surgical Pioneer*. It is to be a monthly, of forty or fifty large pages, and will be devoted to the general interests of medical science. Dr. J. KELLER is announced as the senior editor. Subscription, \$3 per annum.

Cholera in Tennessee.

We are indebted to Dr. W. P. JONES, of Nashville, for the following note of the ravages of cholera in that city.

For the week ending Sept. 24th, the mortality was as follows: Monday 51, Tuesday 56, Wednesday 43, Thursday 29, Friday 33, Saturday 55, Sunday (24th) 54. Total for the week, 321. On Monday, the 25th, there were 70 deaths; and we learn by telegraph that on Friday, the 28th, there were 32 deaths.

A letter from Memphis reports cholera as very fatal there also, though the Board of Health had declared the disease not epidemic. On the 28th, 52 cases and 25 deaths were reported by telegraph.

— THE GREAT PRIZE ESSAY ON ELECTRICITY. The French Government has issued an invitation to the savants of all nations to compete for the prize of 50,000 francs, which will be decreed five years hence to the author who shall have discovered the means of rendering VOLTA's pile economically valuable to manufactures as a source of heat, to illumination, to chemistry, mechanics, or practical medicine. The *concours* will remain open for five years, dating from April 18, 1866.

Correspondence.

DOMESTIC.

The Etiology of Epidemics.—A Prize of \$250 Offered.

EDITOR MEDICAL AND SURGICAL REPORTER:

One of the great problems of medical science remains to be solved, and although involved in apparently inexplicable mystery, it would seem to be not entirely beyond the reach of the human faculties. The success which has attended the late researches in regard to the laws connected with the nature and mode of propagation of *Asiatic cholera*, should encourage us to hope that an equally satisfactory solution may be found for the following question: *Are general epidemics dependent upon some occult quality or qualities of the atmosphere, as maintained by SYDENHAM; having no relation to cognizable conditions, barometrical or thermometrical—not to be detected by our scientific apparatus of endimeters, hygrometers, or electrometers, etc.?* Most medical writers, from SYDENHAM down, have assumed that an epidemic disease is essentially or mainly atmospheric, dependent on what they call an "epidemic constitution of the air." But this is assuming the very point at issue. It would not be difficult to show at least that an endemic or local epidemic, if such it may be called, consists mainly in the contamination of the affected atmosphere by the diffusion in it of the material cause of the pestilential disease, whatever that may be.

In denying that a general epidemic depends on the same conditions, aided by co-operating causes, recent writers, like the late Dr. BARTON, of New Orleans, have denied that an epidemic disease can be imported. Thus this very intelligent writer and enlightened sanitarian, in his late report on "Epidemic Yellow Fever," remarks, "The very idea of transporting an epidemic, which is mainly atmospheric, from one country or locality to another, is an absurdity upon its face. The very statement of the proposition is its own refutation, with intelligent and thinking men." But is not, or may not cholera be a general epidemic, and is it not imported?

In regard to the very fatal epidemic of yellow fever in 1853, Professor BLONDET proved, from accurately kept meteorological reports, that the principal atmospherical conditions, wherever it prevailed, consisted "in a high saturation (high dew-point) with elevated temperature;" and Dr. BARTON states that the disease showed no disposition to spread in any place where it appeared, unless these conditions were present.

Although medical men have for centuries been investigating the sources from which general epidemics arise, and the laws which govern their appearance and progress, without success, is the problem to be abandoned as a hopeless one, as one of those impenetrable secrets of nature into which the human intellect is not permitted to penetrate; or is it to be regarded as a legitimate scientific problem, whose investigation should be encouraged and promoted by all those stimulants which have been brought to bear on other great physiological, pathological, and etiological questions?

To stimulate such inquiry, I hereby offer a prize of \$250 for the best Essay on the "ETIOLOGY OF EPIDEMICS," which shall be deemed worthy of such reward; the decision to be made by the writer associated with the three professors of Theory and Practice in the three medical Colleges of the city of New York.

Essays or monographs on the above subject, in competition for the prize, must be founded on accurately kept meteorological and sanitary records, in connection with equally exact records of the prevalence and specific character of diseases. Data must be supplied of an authentic character, by means of which epidemic seasons may be compared hygrometrically, thermometrically, barometrically, etc., with those which precede and follow them.

As notoriety is not sought for in this matter, I leave my name with the Editor of the Philadelphia MEDICAL AND SURGICAL REPORTER, to show that the offer is a *bona fide* one, to whom essays may be addressed until January, 1868, with a motto and sealed envelope containing the same, with the name of the author. Unsuccessful essays will, if desired, be returned to the writers.

New York, Sept. 25, 1866.

Dislocation of the Testicle.

EDITOR MEDICAL AND SURGICAL REPORTER:

I noticed in the REPORTER of Sept. 1st, a case of probable dislocation of the testicle. The following case came under my notice while serving with the 1st Vermont Cavalry.

In the spring of 1864, a private of Co. E presented himself at sick-call, and gave the following history of his case. Some two or three days previous, as his horse was in the act of jumping a ditch, he received so severe a wrench in the left side as to cause him to feel faint, so that he had to dismount, and was not able to remount for two or three hours. When he again got into his saddle, he discovered an enlargement midway between the scrotum and anus, on ac-

count of which he was unable to remain mounted. He then discovered that his left testicle was missing from the scrotum.

On making an examination, I found this enlargement to be the testicle occupying the position described a little to the left of the median line. It appeared to have escaped from the canal at the external abdominal ring, as I could easily trace the cord to that point, and also return the testicle to the same place, but not within the canal. There seemed to be no more tenderness of the organ than when in its natural position.

The pain experienced at the time of the injury was higher up and more to the left than either the external or internal ring.

At this time an order came to send all men unfit for duty to the Corps Hospital. Since then I have heard nothing of the case.

I would say that the man stated that before the injury the testicle was in the scrotum.

E. J. HALL, M. D.

Morrisville, Vt., Sept. 13th, 1866.

Importance of a Correct Diagnosis.

A Case of Dislocation of Left Hip-Joint in a Girl six years old.

EDITOR MEDICAL AND SURGICAL REPORTER:

Symptoms. Limb elongated two inches; violently abducted; could not be brought near the other without great pain; leaning to the affected side when standing; in the erect posture the knee was very much advanced; toes everted; the left labia projected beyond the right full three-quarters of an inch.

Diagnosis. Dislocation downward and forward into the foramen ovale.

Dr. S. N. BRAYTON was called to see the patient, who had fallen down stairs; and, as it was adjoining his office, he appointed 11, A. M., that day to have the child brought into his office to effect reduction.

They chose to take the patient to one of our city dispensaries, where it was examined by the physician in attendance, who stated to the mother that it was simply a strain, and would be well in a day or two; a physician in Twenty-fourth street also saw the child, and gave the same opinion; all of them were informed by the mother that Dr. BRAYTON had pronounced it a dislocation, but they persisted that there was nothing the matter, and the child would be well in three or four days.

Four days after the accident Dr. BRAYTON was called again, when they informed him of the result of taking the child to the dispensary, etc. He, feeling a little chagrined at having his diag-

nosis called in question, requested me to step in and see the case; I did so, and told the parents that if they would take the child to Dr. B's office, I would assist him in the reduction.

They immediately brought the child in, and while preparing to reduce, Dr. R. C. CONE, of 125 West Twenty-sixth street, called and examining the case, concurred with Dr. B. and myself, and administered ether to the patient as an anæsthetic, while Dr. BRAYTON effected the reduction—the head of the bone going into its socket with an audible snap.

Dressing: straight splint. I saw the patient to-day, seventeen days after the reduction; the dressings had been removed; the leg was natural, and the hip-joint in place. The only object of interest in the case is the diagnosis, which medical men ought to be very careful in making, especially after having been told that a brother practitioner had examined the case and given his opinion; and more especially still, when the case is so plainly marked that there is not a symptom wanting, as laid down by surgical writers.

AUGUSTUS BISSELL, M. D.

203 W. 23d st., N. Y. City.

News and Miscellany.

The Hour of Death.

Mr. ALFRED HAVILAND, Surgeon to the Bridge-water Infirmary, read a paper, at the meeting of the British Association for the Advancement of Science, recently held at Bath, "On the Hour of Death in Acute and Chronic Disease." The author commenced by stating that the subject of the hour of death had occupied the attention of medical writers from the time of *Ætius*, who flourished at the Court of Constantinople in the fifth century, up to the present date, but that no practical fruit had been the result for the physician in his treatment of disease; he concluded that the time had now arrived for a thorough investigation of the facts in our possession, inasmuch as if there be any latent truth in them of importance to mankind, it is our simple duty to evoke that truth, and avail ourselves of its teaching to the practice of medicine. He remarked that the physician's duties do not cease when he has ascertained the disease of his patient, and prescribed medicine to remove it. By medicine alone the patient is not healed; he has to act upon the advice of *Hippocrates*, and see that those in attendance do their duty also, and in his absence watch every phase and act in the living present. But, to do so correctly, the physician must know each cause of change, and by his knowledge anticipate what may occur, lay down simple rules for the guidance of friends and nurses, and teach them how to watch each circumstance of disease; he must know the changefulness of our bodies in health;

he must take due account of this changefulness when our illness supervenes; he must know when all our vital functions are at their height; he must know when they are at their lowest ebb; for this knowledge is a most necessary element of success in his combat with the enemy which he has to encounter. Of late years the art of nursing has more than ever occupied the thought of physicians and the laity at large. We have had noble efforts made in the camp and at home to soothe the anguish of the wounded and diseased. The author had collected over five thousand cases of death, with the *hour of death* and other circumstances recorded, which he had tabulated and exhibited on a large chart, the different results being distinguished by colored diagrams. By this chart he showed that in one thousand cases of death in children under five years of age, the periods of the greatest mortality took place during the hours between one and eight, A. M., and that an extraordinary depression took place in the succeeding hours. Between nine and twelve, P. M., the rate of mortality was at its minimum. He then compared these statistics with two thousand eight hundred and ninety-one deaths from all causes, and the chart showed how remarkably the wave-lines of death compared with those above. He then compared these diagrams with deaths from consumption, which, although they showed a general resemblance in the wave-line, yet between the hours of four to eight, A. M., there was a depression when compared to the first four hours period. He showed that small numbers are not sufficient for a statistical truth, and he therefore urged upon his provincial brethren to assist him in his investigation by forwarding to him data for further investigation of this interesting subject. He contended that the tables on the chart proved the extraordinary mortality in the early hours of the morning, when the powers of life were at their lowest ebb, and, strange to say, when the patient was least cared for. He urged the necessity of feeding and stimulating the patient at his weakest hour, so as to tide him over a critical period, and, even if death be inevitable, so to support the patient that he might at least have a few hours more of life snatched from eternity, to admit of his being able to carry out some neglected duty, pardon some enemy, or see some beloved friend. He finally urged upon his professional brethren the high importance of teaching friends and nurses how to attend to those under their charge. He concluded by saying that the subject itself required no apology for its introduction to the Association. He felt convinced that the subject was one which had occupied the attention of many of his hearers, when they had been watching hour by hour the fitful changes of disease in the persons of those dear to them, or of those to whom as nurses they had desired conscientiously to do their duty. To simplify this duty and to calm this solicitude at a time when either an excess of the one or an ignorant neglect of the other might be fatal, was one of the main objects of this investigation; and he felt convinced, however imperfectly he might have expressed his opinions, that it is one of deep interest, not only to his profession, but

to the community at large, and that the British Association would not deem it unworthy of their consideration.—*Canada Medical Journal.*

Degeneration of the Human Race from Residing in Crowded Cities.

There can be little doubt that about the great centres of civilization man is carrying out his sociable tendencies to such an extent as to detract considerably from the enhancement of his personal welfare, looked at in a physiological or medical point of view. He has become so fond of his neighbor, and his neighbor so fond of him that they are almost inseparable. Their friends are in the same way of thinking, and hence all join company and form compact fraternization. But the consequence is that they are in too close contact, and so continuously add to their number that at length they scarcely allow themselves room to move. There is no fresh air for them; they are forced to breathe their own and their neighbors' exhalations over and over again. There are so many of them in so small a space that they cannot well get rid of their refuse matters, scarcely of their own excreta. If anything in the shape of an infectious disease attacks one, it spreads like wildfire, of course, amongst the others; and even moral delinquencies are found to be in the same way catching, for if a "black sheep" gets among the flock it is well known that "evil communications corrupt good manners." If the consequences then of this social agglomeration be, on the one hand, increase of political power, of wealth, of commercial and social prosperity, and successful competition with other nations, they are, on the other, an overtaking of the physical and mental energies at our disposal, and a premature consumption of national life blood. To see all this, we have but to scrutinize the character and results of that which has been called in recent days the "great town system." To witness it in perfection we should observe the effects of this system on the physical condition and modes of life, particularly of the industrial poor of a great city. If we do this, it will certainly be found just as the Honorary Secretary of the Manchester Sanitary Association and Physician to the Salford Hospital assures us is the case. There will be observed, as he states, amongst this class a singular want of stamina, manifesting itself either in the gait, bearing, voice, or frame. The muscular system is rarely fully developed or well strung. Few men are of that calibre from which we might expect either vigorous or healthy offspring, or arduous and sustained labor. Cases of deformity, along with actual distortion, are far from unfrequent, while minor physical defects, many of them denoting no trifling constitutional ailments, are deplorably common. The pulse, telling of the power of the heart, assures us the great central organ of the circulation is weak and flabby. The extremities are often cold in the younger people; the veins prominent and tortuous in the adult, and the elders complain of vertigo. Blanched lips and colorless cheeks are common to men as to women, while hysteria and neuralgia are to be met with under protean and abundant forms. In fine, the blood is proved to be im-

poor, and the nervous system devoid of that well-balanced tension on which the easy and harmonious working of the whole system so mainly depends. In the children of this class, again, the teeth are no sooner developed than they begin to decay; enlarged glands protrude from the neck; the skin looks dry and parched; the hair scanty, scrubby, or withered. If we extend our inquiries, we shall find too that of the number of military recruits derived from the population of our great towns, nearly four out of five fail to come up to that standard of bodily fitness which the army medical referees are instructed to insist on.—*Lancet*.

— Dr. JOSEPH JONES has received and accepted the appointment of Professor of Pathology in the Medical Department of the University of Nashville.

— THE AGE OF WONDERS. At the Woolwich Arsenal an apparatus has been perfected, by means of which cannon balls are photographed as they issue from the mouth of the cannon, when the latter is discharged, and at different periods of their flight. The path of the projectile is not only thus ascertained, with the utmost possible precision, by means of photography, but also the time occupied in its progress between two or more points, anywhere in the course of its flight.

— NEW THERMO-ELECTRIC BATTERY. INVENTED BY MARCUS, OF VIENNA. The force of this battery is derived from heat supplied by gas, the heat, in passing through the battery, which is composed of different metals in bars, being transformed into electricity without destruction of substance. The battery works a powerful magnet, and promises to be of great service.—*Med. Times and Gaz.*

— The *American Jour. of Pharmacy* quotes the letter of Mr. GEORGE MEE, published in the *London Pharm. Journal*, in which it is recommended to secure fresh lemon juice at all seasons of the year, by the simple process of varnishing lemons with a solution of shellac in spirits of wine.

FUNDUS OCULI. To examine without the ophthalmoscope: Place a lamp on a table in a darkened room, place yourself between the lamp and the patient, letting the lamp shine into the eye over the right shoulder, (previously dilating the pupil with atropine.) With a lens of about two inches focus, you may see the interior of the eye very well.—*Exchange*.

— ONE of the oldest women in America is a Mrs. PORCH, who lives in the mountains of East Tennessee, and is aged one hundred and twenty-one years. She is blind, but, being quite hearty, walks without assistance. Her memory is unimpaired, and she can recount many of the events of the Revolution with great accuracy.

— Dr. CHARLES M. SWETT died of poison, at Kennebunk, Me., on Sunday night, Sept. 24th. His wife has been arrested for administering the poison.

— THE *Stanton (Va.) Spectator* says there is a negro woman on Mountain Top, near Stanton, who is one hundred and thirty years old.

— VACCINE VIRUS. Soak a piece of sugar with the lymph, powder it when dry, and keep it in a well closed bottle. Apply this powder by sprinkling it on the exposed surface, with a hair-pencil.—*Braithwaite*.

Army and Navy News.

ARMY.

PROMOTIONS.—Brevet Brigadier-General R. S. Satterlee, Surgeon, U. S. A., has been appointed Chief Medical Purveyor, with the rank of Lieut.-Colonel, from July 28, 1866.

Brevet Colonels Charles McDougal, E. H. Abadie, Robert Murray, and Lieut.-Colonel Charles Sutherland, Surgeons, U. S. A., have been appointed Assistant Medical Purveyors, U. S. A., with the rank of Lieut.-Colonels, from July 28, 1866.

Assistant Surgeon. J. H. Bill, U. S. Army, to Surgeon, U. S. Army, from July 28, 1866, vice Crane, appointed Assistant Surgeon-General.

Assistant Surgeon De Witt C. Peters, U. S. Army, to Surgeon, U. S. Army, from July 28, 1866, vice Satterlee, promoted to Chief Medical Purveyor.

Assistant Surgeon C. H. Alden, U. S. Army, to Surgeon, U. S. Army, from July 28, 1866, vice McDougal, promoted to Assistant Medical Purveyor.

Assistant Surgeon Warren Webster, to Surgeon, U. S. Army, from July 28, 1866, vice Abadie, promoted to Assistant Medical Purveyor.

Assistant Surgeon John Vansant, U. S. Army, to Surgeon, U. S. Army, from July 28, 1866, vice Murray, promoted to Assistant Medical Purveyor.

NAVY.

Surgeon P. J. HORWITZ, Chief of the Bureau of Medicine and Surgery, Navy Department, has gone on his yearly tour of inspection. He will be absent from Washington three or four weeks.

List of changes, etc., in the Medical Corps of the U. S. Navy, for the week ending September 29th, 1866:

Surgeon John S. Messersmith has been detached from the Norfolk Navy Yard, and ordered to the Philadelphia Navy Yard.

Surgeon Lewis J. Williams has been detached from the Navy Yard at Philadelphia, and ordered to the Navy Yard at Washington. D. C.

Past Assistant Surgeon George H. Cooke detached from the Naval Academy, and ordered to the U. S. Ship Resaca.

MARRIED.

CHAPIN—ENDICOTT.—At San Francisco, Cal., on Tuesday, September 25, 1866, Samuel F. Chapin, M. D., of Auburn, Cal., and Maria Endicott, daughter of John Endicott, of New York.

DAVIS—EUSTIS.—September 25th, by the Rev. W. A. Muhlenberg, D. D., Albert A. Davis, M. D., Resident Physician at St. Luke's Hospital, N. Y., and Mary J. Eustis, youngest daughter of the late Silas Dunham.

FURGASON—SPRINKHARDT.—At the Fourth Dutch Reformed Protestant Church, Albany, N. Y., October 2d, Dr. Albert G. Furgason, of East New York, and Pauline Sprinkhardt.

HOUGHTON—DAVIS.—September 25th, by the Rev. Charles D. Cooper, Charles W. Houghton, M. D., and Emeline C., daughter of the late Thomas Davis, all of this city.

KNOWLSON—LANGDON.—At Castleton, Vermont, September 25th, by Rev. Lewis Francis, Dr. John Knowlson and Miss Caroline Langdon.

LOUGHBRAN—BUDINGTON.—September 13, at the residence of the bride's father, by the Rev. Z. Grenell, Jr., assisted by the Rev. C. H. Stitt, D. D., Robert Loughbran, M. D., and Mary L., eldest daughter of E. W. Budington, Esq., all of Kingston, N. Y.

DIED.

ELDER.—In Princetown, Schoenectady county, N. Y., September 21, aged 30 years, Catherine Elder, daughter of Dr. A. Elder.

FREEMAN.—Suddenly, at West Farms, Conn., September 27th, Henry L., eldest son of Anne E. and Dr. Norman K. Freeman, aged 23 years, 2 months, and 16 days.

MOOR.—In Hampton, N. H., September 9th, Dr. George W. Moor, aged 46.

THOMPSON.—Of diphtheria, September 18th, in West Brandywine, Chester county, Pennsylvania, Willie Grier, only son of Dr. N. G. and Agnes W. Thompson, in the sixth year of his age.

WRIGHT.—In Cambridgeport, Mass., September 19, Miss Angela H., daughter of Dr. W. E. Wright, aged 25.

ANSWERS TO CORRESPONDENTS.

Dr. W. B. Lovell, Mass.—Baker Brown on Insanity is not republished in this country. It can be imported at a probable cost of \$2. Bartholow on Spermatorrhoea, \$1.

Dr. C. H. E., Cairo, Ill.—The Abdominal and Spinal Shoulder Brace of Banning is \$20. His address, No. 11 St. Mark's Place, New York.

Dr. M. L. G., Pontiac, Mich.—We can furnish Vols. 1 to 13 of the MEDICAL AND SURGICAL REPORTER, inclusive, at \$3 per vol. bound, \$2 unbound; except Vol. 12, which is \$4 bound, and \$3 unbound.

Dr. M. De F., Middlebury, Conn.—We know of no simpler or better method of producing local anæsthesia than that of Dr. RICHARDSON, by means of the spray producer. The manufacturers supply them with single and double jets—the latter for tooth-extracting. Freezing mixtures applied directly to the gums have been tried, but were found to be practically useless.

METEOROLOGY.

September,	17,	18,	19,	20,	21,	22,	23,
Wind.....	S. Clear.	S. W. Clear.	S. E. Cl'dy.	N. E. Cl'dy.	S. W. Cl'dy.	N. W. Clear.	N. E. Clear.
Weather.....	Shw'r.		Rain.	Rain.	Shw'r.		
Depth Rain.....		6-10	9-10	4-10	6-10		
Thermometer.							
Minimum.....	51°	61°	60°	63°	60°	45°	44°
At 8 A. M.....	65	71	70	70	74	56	62
At 12 M.....	74	82	73	71	81	60	62
At 3 P. M.....	77	83	83	72	82	64	62
Mean.....	69.75	74.25	71.50	69.	74.25	56.25	57.50
Barometer.							
At 12 M.....	30.2	30.	30.	30.	29.9	30.2	30.4

Germantown, Pa.

B. J. LEEDOM.

JEFFERSON MEDICAL COLLEGE.

WINTER EXAMINATIONS.

Drs. DUNGLISON, DUER, MAURY, and KEEN, will commence their Course of Winter Instruction, in connection with the Lectures of the Jefferson Medical College, in October, at their Room, No. 1026 Chestnut Street. The Course will be thoroughly illustrated by a Cabinet of Materia Medica, Models, Plates, Drawings, the Microscope, Laryngoscope, Ophthalmoscope, etc.

Special instruction will be given to office pupils, to whom the Quiz will be gratis. Bedside instruction will also be given them in the Surgical, Obstetrical, and Children's Departments of the Philadelphia Hospital (Almshouse), during the services of Drs. DUER and MAURY.

Every facility will be afforded to candidates for the Army or Navy, with a Course in Bandaging and Operative Surgery. Inst. of Medicine and Chemistry, Dr. RICH. J. DUNGLISON. Obstetrics and Practice.....Dr. EDW. L. DUER. Surgery.....Dr. F. F. MAURY. Anatomy and Materia Medica.....Dr. W. W. KEEN.

FEES:

For Office Instruction (one year)..... \$100
For Winter Examinations..... 30
For further particulars, apply at their Room, No. 1026 Chestnut Street (second story), at 9 A. M., or to

RICH. J. DUNGLISON, M. D.,
No. 39 S. Eleventh Street.
EDWARD L. DUER, M. D.,
No. 1704 Arch Street.
FRANK F. MAURY, M. D.,
No. 1005 Walnut Street.
WILLIAM W. KEEN, M. D.,
No. 107 S. Thirteenth Street,
Secretary.

PHILADELPHIA SUMMER SCHOOL OF MEDICINE.

No. 920 Chestnut Street, Philadelphia.

ROBERT BOLLING, M. D.

JAMES H. HUTCHINSON, M. D.

H. LENOX HODGE, M. D.

EDWARD A. SMITH, M. D.

D. MURRAY CHESTON, M. D.

HORACE WILLIAMS, M. D.

The Philadelphia Summer School of Medicine will begin its third term on March 1st, 1867, and students may enjoy its privileges without cessation until October.

The regular Course of *Examinations and Lectures* will be given during April, May, June, and September.

FEE, \$50.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, and in Practical Obstetrics. They will be enabled to examine persons with diseases of the Heart and Lungs, to attend women in confinement, and to make microscopical and chemical examinations of the urine. The class rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text-books, Microscope, Chemical Reagents, etc., will be constantly open for study.

SURGICAL DISEASES OF WOMEN. A Course of Lectures will be delivered by H. LENOX HODGE, M. D., on Displacements and Flexions of the Uterus; Inflammation of the Uterus; Polyp; Fibrous Tumors and Cancer of the Uterus; Inflammation of the Ovaries; Tumors of the Ovaries; Ovarian Dropsy; Sterility; Vesico-Vaginal and Recto-Vaginal Fistulae.

PERCUSSION AND AUSCULTATION in Diseases of the Lungs and Heart will be taught by JAMES H. HUTCHINSON, M. D., by Lectures, and by the Clinical Examination of patients.

WINTER COURSE OF EXAMINATIONS will begin with the Lectures at the University of Pennsylvania in October, and will continue till the close of the session.

Candidates for admission to the Army or Navy, and those desiring promotion to a higher grade, may obtain the use of the Class Rooms, and be furnished with private instruction.

Fee for Office Students (one year), \$100.

Fee for one Course of Examinations, \$30.

Class Rooms, No. 920 Chestnut St., Philadelphia.

Apply to

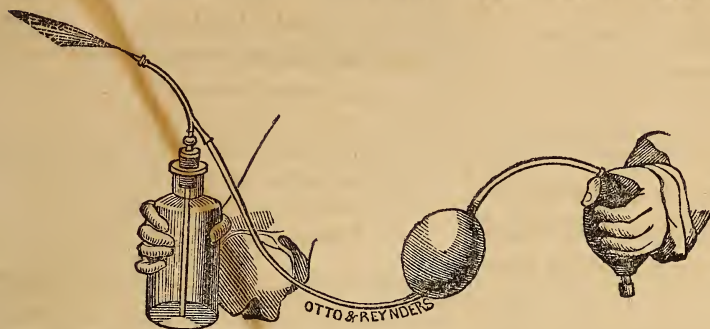
H. LENOX HODGE, M. D.,

479—530*

N. W. corner Ninth and Walnut Streets.

OTTO & REYNDERS,

64 Chatham Street, New York,
MANUFACTURERS AND IMPORTERS OF
SURGICAL & ORTHOPÆDICAL INSTRUMENTS.



Apparatus for Local Anæsthesia and Atomization of Liquids.

Laryngoscopes, Ophthalmoscopes, Hypodermic Syringes, Hipjoint Splints, Skeletons, Trusses, and Elastic Stockings.

The latest improvements, and new inventions, always on hand, and received constantly from our agents in Europe.

OUR PREPARED FLOUR OF BRAN,

For making Biscuit.

This article is, by careful manipulation, entirely freed from principles which render Wheaten Bread, and other Farinaceous preparations, inadmissible in Diabetic or Dyspeptic cases; and being finely floured, is not irritating to the mucous membranes of the stomach and bowels.

JOHN W. SHEDDEN,

* Pharmaceutist,
363 Bowery, cor. Fourth St.,
NEW YORK.

For sale by the leading Druggists.

501 eow. 526

CINCINNATI COLLEGE OF MEDICINE AND SURGERY.

The Twenty-second Regular Course of Lectures in this Institution will commence on Monday, the 15th day of October, 1866, and continue sixteen weeks.

The Seventh Regular Spring Session will commence on the first Monday in March, 1867, and continue sixteen weeks.

The charges for each course will be, for

Matriculation.....	\$5 00
Professor's Tickets.....	40 00
Hospital Ticket.....	5 00
Dissecting Ticket.....	5 00
Graduation Fee.....	25 00

For particulars see announcement, for which address,

B. S. LAWSON, M. D.,
Dean.

R. C. S. REED, M. D.,
Secretary.

501—2

SURGEONS OF NEW YORK.

Price \$1.25.

A copy of this work, just issued, containing Biographical Sketches of fifteen Living Surgeons of New York, also a sketch with a fine steel portrait of the late Dr. VALENTINE MOTT, will be sent for one new Subscriber to the MEDICAL AND SURGICAL REPORTER, and \$5.

THE WILLS OPHTHALMIC HOSPITAL.

Race Street, between 18th and 19th,

OPPOSITE LOGAN SQUARE, PHILADELPHIA.

A COURSE OF LECTURES ON OPHTHALMIC SURGERY

Will commence on Thursday evening, November 1st, at 8 o'clock, in the Lecture-room of the institution.

The course will embrace the most important and practical subjects of Ophthalmic science, including the *Anatomy of the Eye*, the *Physiology of Vision*, *Ophthalmoscopic Diagnosis*, *Defects of Vision*, and the *Pathology and Operative Surgery of the Eye*.

The Lectures will be made demonstrative with abundant material for illustration by dissections, models, drawings, and optical apparatus.

In addition to the evening didactic course, the Operative Clinics of the Hospital, held every Wednesday at 12 M., will present an extended field for observing the Operative Surgery of the Eye; and opportunities will be given to individual members of the class for making Ophthalmoscopic Diagnosis at the general clinics, every Tuesday and Friday at 11, A. M.

FEE, TEN DOLLARS.

R. J. LEVIS, M. D.,
Surgeon, Wills Hospital,
No. 1104 Arch Street,
Philadelphia.

499 t.f.

PHILADELPHIA SCHOOL OF ANATOMY.

College Avenue, East from Tenth St.

The Dissecting Room in this Institution, will open on September 1st, 1866. Lectures will be given during September.

The Regular Winter Course of Lectures on Special, Practical and Surgical Anatomy will begin on the 10th of October, 1866, and continue until March 1st, 1867.

Three Lectures and two examinations will be given each week, at 7 o'clock, P. M.

Fee for the Course, the same as that for Dissections and Lectures thereon in the Colleges.

R. STANSBURY SUTTON, M. D., *Lecturer.*

Office, 314 South 10th Street.
Janitor, JOHN CAMPBELL. 492—3m.

DUNGLISON'S MEDICAL DICTIONARY.

New Edition. Price \$6.

Five new Subscribers to the MEDICAL AND SURGICAL REPORTER, and the amount for a year (\$25), will secure a copy of this valuable work.

X

GEORGETOWN COLLEGE,

MEDICAL DEPARTMENT,

WASHINGTON, D. C.

(No. 303 F, near Twelfth Street.)

SEVENTEENTH ANNUAL COURSE.

SESSION 1866-67.

FACULTY OF MEDICINE:

NOBLE YOUNG, M. D., President, Professor of Principles and Practice of Medicine.

FLODOARDO HOWARD, M. D., Treasurer, Professor of Obstetrics and the Diseases of Women and Children.

JOHNSON ELIOT, M. D., Dean, Professor of Principles and Practice of Surgery.

JAMES E. MORGAN, M. D., Professor of Materia Medica and Therapeutics.

THOMAS ANTISELI, M. D., Professor of Military Surgery, Physiology, and Physiological Chemistry.

MONTGOMERY JOHNS, M. D., Professor of General, Microscopic, and Descriptive Anatomy.

SILAS L. LOOMIS, M. D., Professor of General Chemistry and Toxicology.

D. R. HAGNER, M. D., Professor of Clinical Medicine.

W. EVANS, M. D., Demonstrator of Anatomy.

The session will commence on the 10th of October, and terminate in March following.

The Lectures will be delivered in the College building, 303 F street, during the hours of the afternoon and evening. This time of lecturing has been customary in this department since its foundation, and found to be most acceptable to students in the District.

The fees for the full Course of Lectures.....	\$105 00
Matriculation fee (paid only once).....	5 00
Demonstrator's fee.....	10 00
Graduation fee.....	30 00

For further information, address

JOHNSON ELIOT, M. D.,

Dean of the Faculty,

497—500

No. 408 F. Street, Washington, D. C.

UNION MUTUAL LIFE INSURANCE COMPANY,

OF MAINE.

INCORPORATED 1848.

Director's Office, 80 WASHINGTON STREET, BOSTON, MASS.

HENRY CROCKER, *President.*

W. H. HOLLISTER, *Secretary.*

Philadelphia Office, 129 SOUTH SEVENTH STREET.

ASSETS.....	\$1,842,820 29
PAID LOSSES BY DEATH.....	948,292 00
DIVIDENDS PAID.....	435,722 00

16 Annual Dividends,

AVERAGING FORTY PER CENT.,

Have been made.

All profits are divided among

POLICY HOLDERS.

Active and efficient agents wanted throughout the State.

PERCY B. SPEAR,

Agent and Attorney,

498—524

129 South Seventh Street.

DR. RICHARDSON'S

QUIZ,

IN CONNECTION WITH THE

LECTURES DELIVERED IN

JEFFERSON MEDICAL COLLEGE,

Is held every morning, commencing at a quarter before nine o'clock, in the rooms at the UPPER END OF CHANT STREET, entrance from Tenth, between Market and Chestnut Streets.

Medical Students visiting the city are invited to attend.

494—502

PRACTICAL INSTRUCTION IN THE TREATMENT OF DISEASES OF THE LARYNX, TRACHEA, POSTERIOR NARES, ETC.; WITH THE USE OF THE LARYNGOSCOPE.

The undersigned is prepared to teach LARYNGOSCOPY and RHINOSCOPY to physicians and advanced students.

A well attended daily clinic affords an admirable opportunity for practical experience in the manipulation of instruments.

TERMS:

In Classes.....	\$15 00
Private Tuition.....	40 00

488

SOLIS COHEN, M. D.,
1106 Walnut Street

STRUMATIC SALT,

From Mineral Springs, containing

IODINE AND BROMINE,

MANUFACTURED BY THE

PENNSYLVANIA SALT MANUFACTURING
COMPANY.

We would bring to the notice of physicians the virtues of
STRUMATIC SALT,

in the treatment of Scrofula and other kindred diseases.

It contains a considerable amount of Iodides and Bromides—combined with other salts—such as Chloride of Magnesium, Iron, Potassium, Sodium, and used in the form of baths, becomes a very acceptable substitute in diseases where their internal use is contra-indicated.

The Salt is prepared from the menstuum of Salt-wells of the Pennsylvania Salt Manufacturing Co., and every attention has been given to their purity.

The application of Strumatic Salt Baths is especially to be suggested in enlarged glands, and in that depraved condition of blood in which an alterative and tonic treatment is so much needed; in Rheumatism. It is especially adapted, in tertiary syphilis, cutaneous diseases, and diseases of the bony structure.

Depot for the sale of the Strumatic Salt, at

320 Race street, Philadelphia.

For sale by
—453—504

H. CRAMER.

SURGICAL & ORTHOPÆDICAL INSTRUMENTS, ARTIFICIAL LIMBS, ETC.—D. W. KOLBE, 32 and 34 South Ninth Street, next door to the University of Penn'a, Philadelphia, manufactures to order, and keeps constantly on hand a general assortment of SURGICAL INSTRUMENTS, only of the best quality and most approved pattern. Attention is called to his ORTHOPÆDICAL INSTRUMENTS. Many years of indefatigable labor and extensive experience has earned him the patronage of our most eminent surgeons, and the public in general. He does not hesitate to say, that no establishment in this country or abroad has attained to such perfection in this important department. His ARTIFICIAL LIMBS are made in strict accordance with anatomical facts, and their construction is entirely different, lighter, and yet more durable than any others. For further information, address the manufacturer. ARMY and NAVY HOSPITALS, and the trade in general, supplied on reasonable terms. Orders by mail promptly filled.

REFERENCES:—All the eminent surgeons of this city. 337

DA COSTA'S MEDICAL DIAGNOSIS.

Second Edition. Just Issued. Price \$6.

For four new Subscribers to the MEDICAL and SURGICAL REPORTER, and the money for a year (\$20), a copy of this original and popular American work, which has been thoroughly revised, with the addition of much new matter, will be sent. X

NATIONAL MEDICAL COLLEGE.

MEDICAL DEPARTMENT OF COLUMBIAN
COLLEGE—SESSION OF 1866-67.
WASHINGTON, D. C.

The Forty-fifth Annual Session of the National Medical College will begin on MONDAY, the 13th of October, 1866, and end on the 1st of March, 1867. A general introductory to the Course will be given, after which the regular Lectures will continue, commencing at 4, P. M., daily.

FACULTY:

THOMAS MILLER, M. D., Emeritus Professor of Anatomy and Physiology, and President of the Faculty.

WILLIAM P. JOHNSTON, M. D.,* Emeritus Professor of Obstetrics and Diseases of Women and Children.

JOHN C. RILEY, M. D., Professor of Materia Medica and Therapeutics.

NATHAN SMITH LINCOLN, M. D., Professor of Surgery.

GEORGE C. SCHAEFFER, M. D., Professor of Chemistry.

GEORGE M. DOVE, M. D., Professor of Theory and Practice of Medicine.

JOHN B. KEASBEY, M. D., Professor of Obstetrics and Diseases of Women and Children.

JOHN ODRONAU, M. D., Professor of Medical Jurisprudence and Hygiene.

THOMAS R. CROSBY, M. D., Professor of Military Surgery.

J. FORD THOMPSON, M. D., Professor of Anatomy and Physiology.

H. P. MIDDLETON, M. D., Adjunct to Chair of Obstetrics and Diseases of Women and Children.

S. J. TODD, M. D., Adjunct to Chair of Surgery.

A. F. A. KING, M. D., Adjunct to Chair of Materia Medica and Therapeutics.

J. T. YOUNG, M. D., Adjunct to Chair of Theory and Practice of Medicine.

WILLIAM LEE, M. D., Adjunct to Chair of Anatomy and Physiology.

D. WEBSTER PRENTISS, M. D., Adjunct to Chair of Chemistry.

WILLIAM B. DRINKARD, M. D., Demonstrator of Anatomy.

FREDERICK SHAFHIRT, M. D., Curator of Museum.

The entire expense for a full Course of Lectures

by all the Professors is.....	\$105 00
Single tickets.....	15 00
Practical Anatomy, by the Demonstrator.....	10 00
Matriculating Fee, payable only once.....	5 00
Graduating Expenses.....	30 00

For further information, address

JOHN C. RILEY, M. D., *Dean*,

No. 419 New York Avenue,

Between Fourteenth and Fifteenth Streets.

495—505
* Professor JOHNSON will deliver the Lectures on Difficult and Instrumental Labor.

WAR DEPARTMENT,

SURGEON-GENERAL'S OFFICE,

WASHINGTON, D. C., *August 10th*, 1866.

An Army Medical Board, to consist of Brevet-Colonel J. B. Brown, Surgeon, U. S. A. President; Brevet Lieutenant-Colonel H. R. Wirtz, Surgeon, U. S. A.; Brevet Lieutenant Colonel Anthony Heger, Surgeon, U. S. A.; and Brevet Major Warren Webster, Assistant-Surgeon, U. S. A., Recorder, will meet in New York city, on the 20th of September, next, for the examination of candidates for admission into the Medical Staff of the U. S. Army.

Applicants must be over 21 years of age, and physically sound.

Applications for an invitation to appear before the Board should be addressed to the Surgeon-General, U. S. A., and must state the full name, residence, and date and place of birth of the candidate. Testimonials as to character and qualifications must be furnished. If the applicant has been in the Medical Service of the Army during the war, the fact should be stated, together with his former rank, and time and place of service, and testimonials from the officers with whom he has served should also be forwarded.

No allowance is made for the expenses of persons undergoing the examination, as it is an indispensable prerequisite to appointment.

There are at present sixty vacancies in the Medical Staff, forty six of which are original, being created by the Act of Congress, Approved July 28th, 1866.

JOS. K. BARNES,
Surgeon-General, U. S. A.

494—502

ST. LOUIS MEDICAL COLLEGE.

FACULTY:

M. L. LINTON, M. D., Professor of the Principles and Practice of Medicine.

A. LITTON, M. D., Professor of Chemistry and Pharmacy.

CHARLES A. POPE, M. D., Professor of the Principles and Practice of Surgery and of Clinical Surgery.

M. M. PALLER, M. D., Professor of Obstetrics and of Diseases of Women and Children.

CHARLES W. STEVENS, M. D., Professor of General, Descriptive, and Surgical Anatomy.

JOHN B. JOHNSON, M. D., Professor of Clinical Medicine and Pathological Anatomy.

JOHN T. HODGEN, M. D., Professor of Physiology and Medical Jurisprudence.

FRANK W. WHITE, M. D., Professor of Materia Medica and Therapeutics.

E. H. GREGORY, M. D., Demonstrator of Anatomy.

L. DINKLER, Curator.

The regular Course of Lectures in this Institution will begin on the First day of October, 1866, and continue to the First day of March, 1867.

A Clinical Course of Lectures, in the several Hospitals of the city, will be delivered by the Faculty, during the Session, *free of charge*, and will afford the Student ample opportunity for a thorough knowledge of the various branches of Medicine and Surgery.

The Anatomical Rooms will be open for Dissections on the first day of October, for which abundant material will be furnished.

TERMS:

(*Invariably in Advance.*)

Regular Term of Lectures.....	\$105 00
Matriculation Ticket (paid only once).....	5 00
Hospital Ticket (free).....	
Dissecting Ticket.....	10 00
Graduation Fee.....	20 00

Further information may be obtained by addressing JOHN T. HODGEN, M. D., Dean of the Faculty. Office—Southwest cor. Fourth and Walnut streets, St. Louis, Mo. 494—500

CASH CAPITAL, \$200,000.

THE UNITED STATES ACCIDENT INSURANCE COMPANY,

of Syracuse, New York, insures against

DEATH FROM EVERY CAUSE,

Whether ACCIDENT, CHOLERA, or DISEASE of any kind, with weekly compensation for DISABILITY from ACCIDENT.

COMBINED POLICIES FROM ONE TO FIVE YEARS.

ACCIDENT POLICIES FROM ONE MONTH TO TEN YEARS.

NO MEDICAL EXAMINATION REQUIRED FOR

ACCIDENT INSURANCE.

This is the only Company authorized by its Charter to issue COMBINED LIFE AND ACCIDENT POLICIES, uniting the benefits of both Life and Accident Insurance under one policy and premium, at the lowest rates consistent with the soundness of the Company and the security of the Insured.

Rates for Accident Insurance, FIVE DOLLARS for every \$1000, with FIVE DOLLARS weekly compensation.

A deduction of TEN per cent from above rates will be made to Physicians insuring direct at this office from the General Agent.

WILLIAM A. STEPHENS,

General Agent,

501 Chestnut Street,

Philadelphia.

486—537*

VACCINE VIRUS,

FRESH FROM HEALTHY WHITE CHILDREN,

FOR SALE BY

BULLOCK AND CRENSHAW,

Arch and Sixth Street,

PHILADELPHIA.

485—539

Price, \$1.50 per crust.

PURE COW POX VIRUS.

Just received per steamer from Germany, a supply of fresh PURE COW POX VIRUS. Will be sent, postage paid, to any address, on receipt of price, \$2.00.

Address

A. J. TAFEL'S
Pharmacy, 48 North 9th street,
Philadelphia.
Or, No. 6 East Eagle street,
Buffalo, N. Y.

498—

NEW ORLEANS SCHOOL OF MEDICINE.

SESSION OF 1866 AND 1867.

I WARREN BRICKELL, M. D., Professor of Obstetrics and Diseases of Women, etc.

HOWARD SMITH, M. D., Professor of Materia Medica.

I. L. CRAWCOUR, M. D., Professor of Principles and Practice of Medicine

HENRY F. CAMPBELL, M. D., Professor of Surgery.

ALFRED C. HOLT, M. D., Professor of Clinical Medicine.

A. E. PETICOLAS, M. D., Professor of Anatomy.

J. D. BURNS, M. D., Professor of Physiology and Pathology.

Chair of Chemistry will be filled at an early day.

W. S. MITCHELL, M. D., Adjunct Professor of Anatomy and Special Lecturer on Ophthalmic Surgery and Diseases of the Eye.

JOS. HOLT, M. D., Assistant to the Chair of Obstetrics.

A. W. PERRY, M. D.,

FRED. LOEBBER, M. D., } Demonstrators of Anatomy.

The Eleventh Annual Course of Lectures in this Institution will begin November 12th, 1866, and end March 16th ensuing. A Preliminary Course will begin October 15th, and will be free to all persons.

The Faculty, under the laws of the State of Louisiana, are Visiting Physicians and Surgeons to the great Charity Hospital, situated at the very door of the School, and their pupils have free access to the wards.

This Institution is amply provided in all respects for Didactic and Demonstrative Lectures, and the course will be thorough; but *daily bedside instruction*, the great feature of the School, is, on account of the location, really practicable, and will be pursued most thoroughly.

To effect this great object to the fullest degree, the Faculty are organizing an efficient corps of Assistants, and all the specialties will be practically illustrated.

The Dissecting Rooms are unsurpassed for extent and comfort, and will be opened on the 15th of October.

Dissecting material will be furnished gratis.

Twelve resident students for the Charity Hospital are annually elected.

FEES:

All the tickets.....	\$140 00
Matriculation, paid but once.....	5 00
Practical Anatomy.....	10 00
Diploma in Medicine.....	30 00
Diploma in Pharmacy.....	15 00

Candidates for graduation must be twenty-one years of age; must have attended at least two full Courses of Lectures; in an accredited Medical School, the last of which must be in this Institution; must have studied medicine three years; and must undergo a satisfactory examination before each member of the Faculty separately.

Board and lodging can be as cheaply procured in New Orleans as in any large city in this country.

D. WARREN BRICKELL, M. D., *Dean*,
185 Carondelet Street, New Orleans.

THE CONNECTICUT MUTUAL LIFE INSURANCE COMPANY

IS THE LARGEST IN AMERICA.

It has the largest amount insured.

It has the largest surplus.

It has the largest income.

It has the largest business.

It has the lowest average expenses.

It obtains the highest rate of interest on its investments.

(See Massachusetts Insurance Reports.)

It therefore affords Life Insurance at less cost than any other Company

DIVIDEND OF 1866,

(NOW BEING PAID.)

SIXTY PER CENT.

All Policies issued by this Company are either

NON-FORFEITABLE

by their terms, or may be converted into those which are non-forfeitable, at the option of the insured.

WALTER H. TILDEN, *Agent*,
404 Walnut Street,
Philadelphia.

472—501*

PHILADELPHIA

SCHOOL OF ANATOMY & OPERATIVE SURGERY,

COLLEGE AVENUE (CHANT STREET),

Entrance, last door, North Side.

This institution is now open for the winter.

Every facility is afforded those wishing to study Practical Anatomy and Operative Surgery.

A complete course of Lectures on Anatomy, taught chiefly with reference to its surgical relations, will be delivered, commencing October 1st, to continue throughout the season. The lecture hours will be so arranged as not to interfere with those of the College Courses.

Candidates for admission or promotion in the Army or Navy will find in the Private Operating Rooms of the School means for thorough preparation.

TICKETS \$10.00.

For further information, apply to

HARRISON ALLEN, M. D., *Lecturer*,

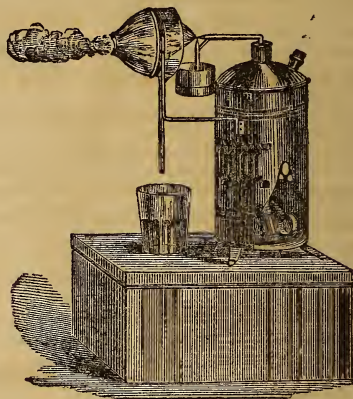
21 North Tenth Street;

Or,

D. D. RICHARDSON, M. D.,

No. 603 Spring Garden Street.

497—503



THE NEPHOGENE.

The most compact, complete, and *cheapest* steam apparatus yet devised for atomizing medicated fluids for inhalation.

Securely packed for transportation in a metallic box, which also serves for a stand when the instrument is in use, and obviates the necessity of any additional fixtures. Can be used with any kind of atomizers.

Sent by express, on receipt of the price, to any part of the United States and Canada.

Price, \$10. Extra Face Protectors, \$1.00.

Every instrument will be thoroughly tested and warranted perfect in every respect.

"MASSACHUSETTS GENERAL HOSPITAL,

Boston, June 11, 1866.

WILLIAM READ, M. D.:

Dear Sir—The apparatus for atomizing medicated fluids for inhalation, arranged under your direction, has been used for some time in the hospital with entire success. It is perfectly safe, compact, and easily applied. I take pleasure in saying that it is the simplest and most convenient atomizer I have ever yet seen.

Yours very truly,

BENJAMIN S. SHAW, M. D.,

Resident Physician and Superintendent,
Massachusetts General Hospital."

WILLIAM READ, M. D.,

873 Washington Street,
Boston, Mass.

485

SURGICAL INSTRUMENT MAKER.—LOUIS V. HELMOLD, No. 135 South TENTH Street (opposite the Jefferson Medical College), Philadelphia, manufactures and keeps constantly on hand a general assortment of **SURGICAL INSTRUMENTS**, of the finest quality and most approved pattern.

173

THE MEDICAL AND SURGICAL REPORTER.

No. 502.]

PHILADELPHIA, OCTOBER 13, 1866. [Vol. XV.—No. 15.]

ORIGINAL DEPARTMENT.

Communications.

VESICO-VAGINAL FISTULA:

Its History and Treatment.

By D. HAYES AGNEW, M. D.,

Demonstrator of Anatomy and Assistant Lecturer on Clinical Surgery in the University of Pennsylvania; one of the Surgeons of the Pennsylvania Hospital; and one of the Surgeons of the Wills Hospital for Diseases of the Eye.

(Continued from page 274.)

There is another instrument, (Mr. HILLIARD's, of Glasgow,) designed to secure the edges of large fistulæ while being pared, and which consists of a long shank, with a small thread at its extremity, on which may be secured various sized forks for transfixing, and on this shank a sliding rod, bearing a bar which may be pushed

FIG. 53.



FIG. 54.



Forward, and then drawn back between the forks, so as to compress and secure the included tissue. Figs. 53 and 54, exhibit the instrument and its

application. There is no objection to having all these instruments, if the taste and the circumstances of the surgeon allow it; but that such are essential, or even necessary to the proper execution of the operation, is certainly not correct.

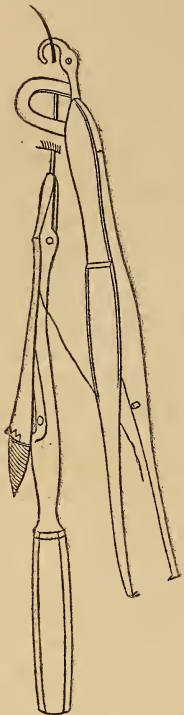
Arrest of Hemorrhage. The bleeding which follows the foregoing process is not generally very profuse, stopping under the application of cold water, or a lump of ice inserted into the vagina, or even under the styptic influence of the atmosphere; but occasionally cases will be met with where the discharge of blood proves both copious and persistent. To control such irregularities, I have found a small stream of cold water, steadily directed on the parts from a large syringe, singularly efficacious. Should this not succeed, the stitches should be inserted, and the edges drawn firmly together, when it will cease, just as the approximation in a case of hare lip arrests the hemorrhage.

The Direction of Approximation. Most operators favor an approximation of the sides of the fistula transversely, yet there are no reasons why they may not be closed longitudinally. Case 15 is an example in point. Such conditions as the following, will indicate such an apposition; as when the fistula runs to any great extent longitudinally; or when it is low, and either so great a loss of substance, or so unyielding a character of tissue, as to make too much traction when brought together on the lower wall of the urethra, endangering a subsequent incontinence of urine.

Introduction of the Sutures. This is regarded by many as the most difficult part of the operation. The needle bearing the wire is placed in the grasp of the needle-holder, and whilst the proximal border of the fistula is steadied by the forceps, is entered at the middle of the wound, three-eighths of an inch from the freshened surface, brought out at the mucous membrane of the bladder, (not including it,) carried across the opening, made to enter the opposite side, and emerge the same distance above its raw surface. The needle-holder is now disengaged from the needle, by simply pressing the upper blade of the instrument while the spring is being pressed for-

ward by the thumb, made to seize the extremity now through the upper border of the fistula, and while the parts are supported, by applying to them the hook at the end of the forceps, (Fig. 55,) the needle is drawn through, turned and brought out of the vagina. When the sides of

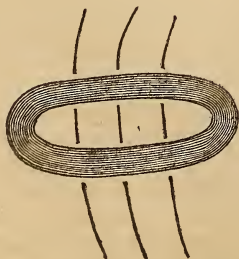
FIG. 55.



Needle in the grasp of the needle-holder carried through the fistula, and the hook at the end of the forceps placed between the tissues and its point, to favor its passage by counter-pressure.

the opening are too wide apart, the needle cannot be made to penetrate both at once, and therefore it must be drawn through them in succession. In this manner the requisite number of threads are inserted, the distance between them being a trifle less than one-fourth of an inch, (Fig. 56.)

FIG. 56.



Exhibits the threads passed.

As each is deposited in its proper place the needle is to be removed, the ends of the wire twisted together, and given in charge of one of the assistants supporting the thighs.

Adjustment. In the important stage of adjustment, the wire first inserted is separated from the others, and the ends passed through the hole of the adjuster at the end of the forceps. As the latter is slid down, the wire is drawn upon until the edges of the wound are brought into accurate contact. The set which the wire thus obtains, is sufficient of itself temporarily to maintain the apposition. All of the threads are subjected successively to this process, and while being done, care must be observed that the edges be properly everted, so as to secure the contact of raw surfaces, and also, that no clot be permitted to lie between them.

The next step is to secure the sutures permanently, and for this purpose it has been my almost uniform practice to use perforated pellets of shot. These are run down the wires, then seized with the strong compressing forceps, and while the metallic threads are being drawn upon, pressed firmly against the line of adjustment, and then compressed so as securely to maintain their position. The sutures are next cut off, close to the shot, leaving no projecting ends to irritate the soft parts, (Fig. 57,) the speculum with-

FIG. 57.



Exhibits the edges of the wound apposed, the shot compressed on the wires, and the latter cut off.

drawn, the blood sponged away, and the patient placed on her back, on the bed prepared for her reception, after which the catheter is to be introduced into the bladder, and carefully watched, to see if the urine flows freely through its canal. In order to keep the clothing of the patient and the bed perfectly dry, a light piece of gum elastic tubing may be drawn over the end of the catheter, and its other extremity inserted into a bottle, which shall lie between the patient's limbs; or a small earthen vessel or cup may be placed beneath the instrument, and receive the urine as it drops from its extremity.

After Treatment. Too much importance cannot be attached to the after management of the case, as on this will depend, in a great degree, the success of the operation. The nurse should

THE WILLS Ophthalmic Hospital.

*Race Street, between 18th and 19th,
Opposite Logan Square,*

Philadelphia.

A COURSE OF LECTURES ON OPHTHALMIC SURGERY

Will commence on Thursday Evening, November 1st,

at 8 o'clock, in the Lecture Room of the Institution.

The Course will embrace the most important and practical subjects of Ophthalmic Science, including the ANATOMY OF THE EYE, THE PHYSIOLOGY OF VISION, OPHTHALMOSCOPIC DIAGNOSIS, THE OPTICAL DEFECTS OF VISION, and THE PATHOLOGY AND OPERATIVE SURGERY OF THE EYE.

The Lectures will be made demonstrative, with abundant material for illustration by dissections, models, drawings, and optical apparatus.

In addition to the evening didactic course, the Operative Clinics of the Hospital, held every Wednesday at 12 o'clock, M., will present an extended field for observing the Operative Surgery of the Eye; and opportunities will be given to individual members of the class for making Ophthalmoscopic Diagnosis at the General Clinics every Tuesday and Friday, at 11 o'clock, A. M.

The Ophthalmoscopic Demonstrations and instructions in the practical application of the instrument, will be aided by DR. C. H. THOMAS, late Resident Surgeon of the Hospital, and by the present Resident Surgeon, DR. W. W. MCCLURE.

The Evening Lectures will be delivered every Monday and Thursday evening, at 8 o'clock.

Fee for the Course, \$10.00.

R. J. LEVIS, M. D.,

SURGEON WILLS HOSPITAL,

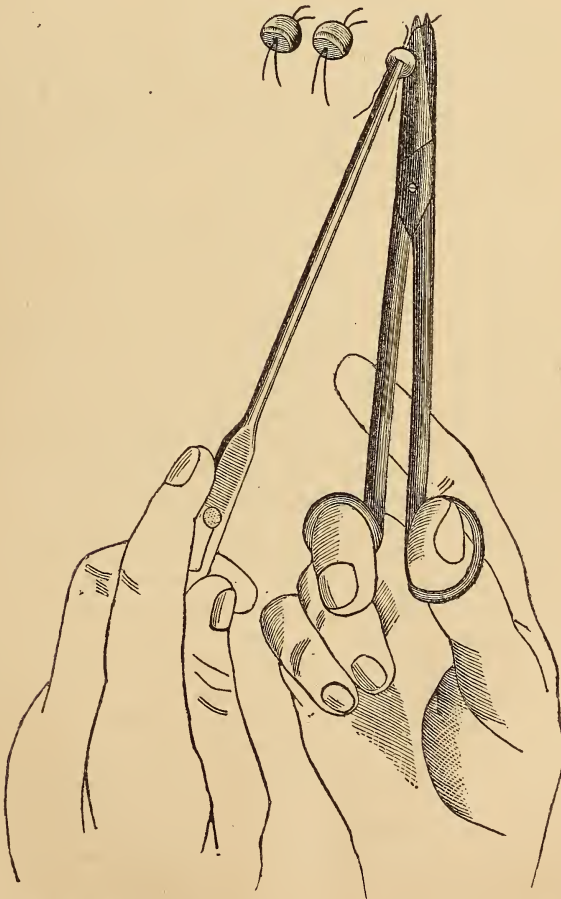
1104 Arch Street, Philad'a.

understand the manner of introducing and removing the catheter; if she does not, five minutes instruction, by showing her the mode, will suffice to enable her to do so, unless she be unusually dull of apprehension or imitation. It should be examined frequently to see that no obstruction exists, that it does not become misplaced, and that the urine drops freely. This is imperative, for it often happens for the first twelve or twenty-four hours, that small coagulæ of blood are expelled from the bladder, and which may obstruct the instrument. Two catheters should be always on hand, so that one may be introduced immediately on the withdrawal of the other. After thirty-six or forty-eight hours, twice a day will be sufficient to change the instrument, in the morning, and at bed time; and it can best be cleared of mucus, and other mat-

ters, by inserting the nozzle of a syringe into one end, and forcing through it a stream of water. If the bladder is kept perfectly empty, the collapsed state of its walls will prevent all tension on the sutures, and diminish greatly the chances of urine getting between the edges of the wound, an accident which will almost always defeat the union. The position best suited to the patient is that on the back, although there are no objections to her turning for a short time on the side to relieve a sense of weariness or discomfort.

The next important thought is to lock up the bowels, and keep her free from all pain and uneasiness. For these ends we have no better agent than opium. One or two grains should be given as soon as she is adjusted in bed, after which, from a third to half a grain, three times a day, for five or six days, will answer. From this, until the

FIG. 58.



Shows the suture seized with the forceps and being clipped by the scissors.
From SIMPSON'S work on Diseases of Women.

removal of the stitches, the fourth of a grain, morning, noon, and night, will maintain the effect produced. I do not think there is any advantage in exhibiting this drug, beyond what is just sufficient to keep the bowels quiet; more than this tends to impair the digestion, disturb the secretions, and destroy the appetite. Occasionally the patient will be seized with an uncontrollable desire to bear down, or an involuntary contraction of the bladder, often driving the catheter from the urethra; in such conditions we must resort to enemata, consisting of two or three tablespoonfuls of flaxseed tea, or starch-water, with forty drops of laudanum, repeated once or twice in the twenty-four hours, if necessary. No injections of water into the vagina should be practiced, as directed by some; nor any explorations with the finger; the vaginal mucus which collects about the wound, and the sutures, does no harm whatever. Should the patient be annoyed with tympanitic distension of the abdomen, which not unfrequently occurs, a little camphor-water and aromatic spirits of ammonia may be given, or a little turpentine in mucilage of gum acacia, from time to time.

Diet. The patient should be allowed a liberal but unirritating diet. Milk, soft-boiled eggs, cream toast, chicken, or beef broth, mutton chop, with coffee and tea, offer a sufficient list from which to select her food.

Removal of the Sutures On the eighth or ninth day after the operation, the stitches should be removed, and for this purpose the patient may be placed on the side, her limbs well drawn up, and hips over the edge of the bed, before a good light; or she may rest on her knees and elbow. The removal of the sutures not being painful, the administration of an anæsthetic is unnecessary, unless the patient be timid, and shrink from the exposure; in which event it should be given. The number of assistants requisite for the object in view will be determined by the taking or not taking an anæsthetic. In the former, there will be needed one to take charge of the ether or chloroform, and two to support the limbs and manage the speculum. In the other case, a single assistant will be sufficient. The catheter being removed, the patient is placed in position, and the speculum inserted and given to the assistant. The parts being satisfactorily exposed, the surgeon clears away the mucus from the sutures with a piece of moistened sponge; then taking hold of a shot with the long forceps, lifts it from the parts until the wire is distinctly seen, and with the scissors clips it on the proximal side, (Fig. 58), straightening the end at the same

time by pressing it outward with the blade of the instrument. This done, plant the blade of the scissors against the loop on the distal side, and drawing on the shot with the forceps, the suture will come away by revolving about the blade of the scissors as a *point d'appui*, (Fig. 59.)

FIG. 59.



Exhibits one of the stitches after its removal, with the shot attached. The loop should be represented more open.

The detail given in what may seem a very simple matter will be appreciated when the reader who has not, may have occasion to perform the operation. If neatly executed, it will save the patient some sharp pain, and not endanger the laceration of the cicatrix. The stitches being all removed, after the manner just explained, the result will be revealed; if favorable, the patient is to be replaced in bed and the catheter again introduced.

After two or three days the bowels should be opened by administering a teaspoonful of castor oil, or a seidlitz powder every four or five hours until a free evacuation is procured. The object in thus exhibiting the cathartic is to thoroughly liquefy, or soften the fecal accumulations, and prevent tension or straining during defecation. This result may be promoted by the employment of an enema of tepid water just before the evacuation. For five or six days after the removal of the stitches, the patient must continue in bed, and wear the catheter, in order to take off all tension from the cicatrix, and allow it to attain considerable consolidation. After this, the instrument may be removed and she may be allowed to walk about, remembering to pass the urine frequently, and not allow the bladder for several weeks to become distended. Should the union not have taken place, and a considerable portion of the fistula remain unclosed, the catheter may be removed at once, the bowels opened, and the patient allowed to rise and go about as usual. When it is discovered that union has taken place save at a single point, so small, for instance, as to be readily closed by a single stitch, introduce at once that stitch, scarify well the edges, and approximate as before; continuing the management of the case in all respects as in the primary operation for six or eight days longer; the probabilities are it will succeed. In one of my cases, (Case 3,) it was so done, and with complete success. No apprehension need be entertained in regard to keeping the bowels so long confined.

Causes of Failure. These will be found referable to some one of the causes enumerated below. 1st, imperfect freshening of the margins of the fistula; 2d, mal-adjustment; 3d, insufficient tissue from loss of substance, thereby rendering the permanency of the sutures uncertain; 4th, diarrhoea accompanied with tenesmus; 5th, soft state of the tissues, permitting the sutures to cut through readily; 6th, enfeebled state of the health; 7th, thin condition of the sides of the opening; 8th, proximity to the cervix uteri.

In regard to the first and second, the fault being with the operator, can only be remedied by care and experience. The third is not always incapable of being remedied; much may be done by deep stitches, incisions to relieve tension, and rather than abandon the case as hopeless, a plastic operation as practised by JOBERT, taking a flap from the inner surface of the labium. Should these fail, then it would be better, rather than allow the woman to remain in so miserable a condition, to freshen the outlet of the vagina, and close up the canal, making a common cavity of it and the bladder. The fourth complication (diarrhoea and tenesmus) will be best met by enematas of laudanum, or suppositories of opium. The sixth (feeble health) by tonics, nutritious diet, and pure air. Seventh, (thin edges of the fistula;) these may be greatly improved by scarifications, and the application of the nitrate of silver every three or four days to the circumference of the opening. Eighth, (proximity to the cervix uteri); when the fistula is situated in or extends to the cul de sac between the vagina and the anterior part of the cervix, any operation for its closure, including only the vesico-vaginal septum, will be likely to prove abortive. To obviate this difficulty when the ordinary method fails, the anterior semi-circumference of the cervix should be freshened, and the vesico-vaginal, similarly treated, stitched to it, thus turning the os into the bladder. In one of my cases, (Case 2,) such a plan was successfully adopted, and the women continue to menstruate regularly through the bladder without any inconvenience whatever.

Failure ought not in any way to discourage either patient or the surgeon. The rule is to operate until the case is cured, as such a consummation is certain, unless there be some unusual state of things present. One caution is necessary here: The operation should not be repeated until at least six weeks have elapsed.

Sequels. There sometimes follows a successful closure of the fistula a certain degree of incontinence of urine, which is due generally to one of

two causes. First, loss of power in the sphincter vesicæ, permitting the urine to escape when the bladder is distended, or during coughing, sneezing, or even laughing. This condition may follow when fistula has been at the neck of the bladder. The second cause is shortening of the lower wall of the urethra, with a patulous condition of the meatus—as in cases where the opening is low down, with such a loss of substance that when the stitches are inserted, and the parts drawn together, the traction produces the effect already stated on the urinary canal.

To remedy these defects, tonics, cantharides, and strychnia have been prescribed; yet, after all, time is the great restorer, as the parts tend gradually to assume their original condition. Should the incontinence be so great as to produce much discomfort, an elastic ring pessary may be passed within the orifice of the vagina. In one case, (No. 14,) I had to resort to this, with the most complete success.

[To be continued.]

BIOGRAPHICAL SKETCHES OF Distinguished Living New York Physicians.

By SAMUEL W. FRANCIS, A. M., M. D.,

(Fellow of the New York Academy of Medicine)

VIII.

Augustus Kinsley Gardner, M. D.

Pun-provoking thyme.—*William Shenstone.*

The subject of the present sketch, like his father, SAMUEL JACKSON GARDNER, was an only son, but had two sisters, MARY B. and CHARLOTTE. His mother was Miss MARY BELLows KINSLEY. On his father's side the family can trace as far back as to within twenty years of the landing of the "May Flower;" and on looking over the list of passengers we find that a GARDNER was on board. His grandfather KINSLEY was the first representative to Congress from Maine, and, at one time, Judge of the Court of Common Pleas. His grandmother KINSLEY was daughter of BELLows, the first settler of Bellows' Falls, N. H.; while his grandmother GARDNER came from the JACKSON family of Massachusetts, and died at the age of ninety-two.

Dr. GARDNER was born at Roxbury, Mass., July 31st, 1821. He first attended the grammar school in that place, and for three years was a student at the Walpole Academy, N. H. He subsequently passed three years at the Academy, Exeter, N. H., pursuing a course of study under the direction of the same tutor who had instructed EDWARD EVERETT, DANIEL WEBSTER, CASS, and many other noted men. This was during the last three years of the presidency of the celebrated

BENJAMIN ABBOTT, LL.D., etc., a man universally beloved and respected; delightfully genial, and looked up to by his ambitious pupils. Every year this careful training of the first principles of moral and physical education, is more appreciated. He entered Harvard College, the alma mater of his father and grandfather KINSLEY, and was in the class that graduated in 1842. During his collegiate course he did not confine himself to the immediate plan of study laid down by rule, but followed a desultory system of reading and general observation, that did much towards enlarging his mind and training his faculties for other pursuits. This brought down on him the censure of his professors, who did not approve of the sacrifice of the classics and mathematical paradoxes, on the altar of light literature and the study of law—so his father was notified, at the end of his junior year, that “he was not making sufficient use of his time to render his further stay desirable.” The embarrassed state of his father’s finances, at this time, rendered it advisable to withdraw him from the institution, where he had been kept in accordance with the expressed desire of his mother, then deceased. He accordingly left; immediately commenced the study of medicine, and was formally graduated from Harvard University Doctor of Medicine, in 1844.

Though deprived of his classical diploma, his subsequent advancement in general culture and professional ability caused that college, without solicitation, to bestow on him the degree of A. M., in 1852, “in token of their high appreciation of his distinguished attainments.”

Previous to the Doctor’s professional studies he followed no business whatever, saving a few months as teacher in a county school, during two winter vacations of eight weeks each. During his short experience, however, he became so fascinated by this course of life that, at one time, he strongly entertained the idea of keeping school for the instruction of young men as a means of livelihood. This was occasioned likewise by the expense incident to the study of medicine, and the paucity of his funds. But the career promised so little in a financial point of view, and opened so small a path to ambition, that he decided in favor of *Æsculapius*; and has since remained a steady follower of the healing art.

Dr. GARDNER availed himself of an excellent preparatory course of practical study, while in the offices of several able physicians. He passed two years in the Marine Hospital, Chelsea, Mass., under Dr. GEORGE W. OTIS, Jr.; eight months in the Poor House Lunatic Asylum, South Boston,

with Dr. CHARLES H. STEDMAN; and also spent some time at the Vermont Medical School, under Drs. BIGELOW, REYNOLDS, STORER, HOLMES, J. B. S. JACKSON, etc. From the first day of his life as a medical student, till within four months of his graduation, he slept in a hospital, and passed his time in putting up prescriptions, compounding drugs, dressing wounds, pulling teeth, and attending the insane, and women in labor; being, at times, placed in charge of very responsible positions. For the first two years he followed this course without one week’s respite. He had failed in college, where he had been sent contrary to his desire; but in his medical capacity succeeded, for he was doing that which pleased his taste, and afforded him more real pleasure than the exercise of any recreation: and even at the present time he enters into the science of treatment with fervor and enthusiasm.

Dr. GARDNER’S Thesis was on “Syphilis”—and diseases of that character still continue to interest him.

In the fall of 1844 he visited Europe, and returned in the autumn of 1845, having passed the winter and spring in Paris, and the summer in Switzerland. During his residence abroad he went down the Rhine, passed through Holland and Belgium, and stayed a short time in London. He derived much benefit from the special kindness of DUBOIS, at the Lying-in Hospital of the School of Medicine, which accorded many privileges to native students, who petitioned the government, and a law was passed for his benefit, to the effect that no foreign students should receive any privileges superior to those granted to French students. This went into effect the day before he left Paris.

It was during Dr. GARDNER’S sojourn in Europe that he wrote that spicy and genial book entitled “Old Wine in New Bottles, or the Spare Hours of a Student in Paris,” which met with a favorable reception, was ably reviewed, and is excellent for reminiscent reference. In speaking of this work, Mr. DUYCKINCK calls it “a clever volume.”*

His style is sharp, to the point, facetious, and decided. When he knows a fact he is not afraid to say so. His outspoken thoughts have cost him friends, but truth is at the bottom of his statements.

Dr. GARDNER has practised chiefly in New York city; was six years Attending Physician to the City Dispensary; six to the Northern Dispensary, having charge of the class of diseases of females and children; and was also Physician

* See *Cyclopædia of American Literature*, Vol. ii.

to the Lying-in Asylum District many years. He had at one time the sole charge of the Private Hospital, Bloomingdale, for three years, attending from two to five hundred patients of all grades, and afflicted with divers diseases. Out of one hundred and fifty-four cases of ship fever, which were placed under his special supervision, one fall, he lost but two. To use his own words, in answer to my question, "The books said never give stimulants in fever with a cracked tongue; I commenced on my own authority to stimulate freely these patients, starved into disease, and hence my success. The practice was soon universal—others coincidentally adopting the same treatment." Notwithstanding the prejudice to the contrary, it is the experience of many physicians that it is far more difficult to introduce a new remedy, or different style of treatment, for an old disease, in a hospital, than to try the experiment on a private patient. In one instance, consulting physicians are notified of the fact. Junior and senior walkers have their own notions, and discuss "this singular freak" freely. But not a few lives have been saved by an independent boldness of action, based as it is on scientific deductions, and a system of exclusive reasoning.

Dr. GARDNER married Miss ANNA LOUISA HIDDEN, of New York, June 27th, 1850, and has had two daughters, now living, and one son, who died of whooping cough, when six weeks old. His religious faith is that of an Unitarian of the CHANNING and DEWEY type. His height 5 feet 6½ inches, and his weight, till within three years past, 115 lbs. It is now, however, 140 lbs. His health, during a laborious life, with the exception of an occasional attack of dyspepsia, has been universally excellent.

On writing to ask the Doctor his opinion of the habit of smoking, I received the following reply:

"I do not smoke. In moderation it produces little effect. Immoderately used, it is often for a long time innocuous; but is pretty sure to be perceptible in its effects, sooner or later; not so much in causing disease, as interfering with the functions of organs, producing dyspepsia, palpitation of the heart, (daily seen in my examinations for life insurance,*) affecting diseased and weakly persons of all descriptions."

His practice has been of a general character, but that which has most occupied his attention has been obstetrics and the diseases of women

and children; though his taste more particularly runs in the direction of diseases of the brain, but a want of opportunity to act in this capacity has deprived him of putting his theories in practice.

During the war, when the South was so effectually blockaded that many of the inhabitants of the chill and fever districts suffered materially for want of the proper remedies, which were systematically excluded from the rebels, Dr. GARDNER made bold, during a medical convention in New York, to put on record his formal protest against what he termed inhuman and uncivilized conduct on the part of the authorities; and he made a motion to the effect that quinine and other remedial agents of a similar nature be permitted free circulation past our lines. This was voted down, with severe remarks, and the motion was lost. As no one can doubt the Doctor's patriotism, there are some now living who applaud his kindness of heart, and give credit to so bold a step as the unsuccessful attempt to speak out before a community sentiments repulsive to the majority of those present.

Dr. GARDNER was the original proposer of drinking hydrants or fountains in New York, as may be seen by his letter to DANIEL F. TIEMAN, in the *New York Daily Times*. He was also the first to give chloroform in labor in New York, as reported to the Academy of Medicine.

On asking him if he would be a Doctor again, he replied, "Of course, yes; The noblest study of mankind is man. The better we know man, the better we know God. The better we serve man, the fitter we are to serve God. In fact, we cannot serve God in any higher way than in serving man, providing we do it for the sake of humanity, and not for the mere dollar. Aim high, and we will approximate something nearer than if we aim lower."

His works are as follows:

1. Old Wine in New Bottles, or the Spare Hours of a Student in Paris.
2. TYLER SMITH'S Lectures. Edited with some hundred pages of additional matter.
3. Diseases of the Sexual Organs of Females, by SCANZONI. Translated from the French, with one hundred pages of additional and original matter.
4. Essay on Ergot, in the N. Y. Journal of Medicine.
5. Essay on Swill Milk, delivered before the New York Academy of Medicine.
6. Report on the Meat of New York. N. Y. Journal of Medicine.

* On the death of the late RICHARD S. KISSAM, Dr. GARDNER was appointed Examining Physician in the Connecticut Mutual Life Insurance Company, and during the last year, since its organization, Examiner of the Connecticut General Life Insurance Company.

7. Drinking Hydrants proposed in New York. See "Times."
8. Report on the Hygienic Character of the Sewing Machine, before New York Academy of Medicine.
9. Elaborate Report on Surgical Instruments, at the World's Fair, New York.
10. Report on the First Administration of Chloroform in Labor in New York.
11. Contributed for years an average of many columns a week to the Newark Daily Advertiser.
12. Also wrote many articles for the New York Times.
13. Ditto, many articles for the New York Tribune.
14. Ditto, many articles for Life Illustrated.
15. Ditto, many articles for the New York Sun.
16. Ditto, many articles for the New World.
17. Ditto, many articles for the Knickerbocker Magazine.
18. Ditto, many articles for Graham's Magazine.
19. Ditto, many articles for the American Journal of Medical Sciences.
20. Ditto, many articles for the New York Journal of Medicine.
21. Ditto, many articles for the American Medical Monthly.
22. Ditto, many articles for the Annalist, etc. etc.
23. And was the correspondent of newspapers in New Orleans.
24. Correspondent of papers in Maine.
25. " " " " Boston.

And contributed an occasional squib or criticism on some recent publications in other journals.

26. Causes and Curative Treatment of Sterility.
27. An arrangement has recently been made with him by the Publisher of Braithwaite's Retrospect, that he become the editor of the American edition, and add such original matter as may bear directly on anything of a medical line that may have had its origin in the United States.

Dr. GARDNER has invented:

1. A Guard Crochet.
2. Modifications of Vectis.
3. " " " Crochet.
4. " " " Craniotomy Forceps.
5. And various instruments for the Treatment of Uterine Diseases.

LUXATION OF THE FEMUR INTO THE FORAMEN OVALE—MANIPULATION versus PULLEYS.

By A. G. WALTER, M.D.,

Of Pittsburgh, Pa.

The success with which manipulations of a luxated member, when judiciously and fairly tried, have met, cannot fail to eventually supersede those severe and often violent measures, which hitherto have been resorted to, and are still in vogue with most surgeons. As with the progress of surgery—more rapid in modern times, and more productive of beneficial results than at any previous time since its existence,—surgical pathology has advanced to an exact and positive science, and operations more conservative in their nature, and more simplified in character, have taken the place of former destructive measures, with instruments less complex in their construction, and on that account more trustworthy in hands educated for their guidance. So with the introduction of the anæsthetic agents for the relief of pain consequent on surgical proceedings. Manipulations for the reduction of luxations and fractures—if gently and intelligently applied—will set aside the combined power of extension and counter-extension, which takes the strength and endurance of many assistants, and of the pulleys likewise.

Considering that the force, which displaces the limb at the time of the accident, is but seldom, if ever, of an unusual character, and that the muscles themselves in the act of guarding the limb from impending injury are the main displacing agents, it is but logical to conclude that reduction would be easily accomplished by their instinctive and intelligent efforts alone, if the limb was but gently guided by the surgeon to the position which it had assumed at the time of the accident, and from this slowly, yet steadily, restored by manipulation to its normal condition, and that the employment of powerful means for reduction is not only irrational but cruel. The anæsthetic influence enabling the muscles to remain in repose, irritation of those which are kept in tension, on account of the unnatural position of the displaced member, ceases, and the luxated head becomes at once replaced, as soon as by the aid of manipulation it approaches the socket, by the instinctive and combined action of all the muscles which surround the joint, ready to resume their normal relation and function. Though the brain and spinal marrow are in a state of lethargy, and with it the voluntary function of the muscles, while anæsthesia is perfect, yet the ganglionic nervous system remains acting, and with

— THE city of Tours, in France, has a statue of the illustrious philosopher, Descartes, in one of its public places, with the motto on its pedestal—*Cogito, ergo sum*—I think, therefore, I exist.

it intact the instinct or vegetative function of muscles, prompt them to return to their wonted position as soon as opportunity offers.

The history of the following case plainly and strikingly exemplifies the correctness of the foregoing analytical reasoning with regard to the cause of luxation and the rational means of relief. That the reduction of a limb, luxated for seventeen days, after having been subjected under chloroformisation to powerful, protracted, yet unsuccessful efforts of four surgeons, at four different times—the last time with the assistance of pulleys—was effected in a few seconds without any force whatever being applied, by the aid of manipulation alone, is evidence strong enough to urge its general adoption. But to the case.

William McCormick, aged twelve years, of delicate frame and nervo-sanguineous temperament, yet healthy, met with a luxation of the right femur into the foramen ovale, under the following circumstances.

Seventeen days ago, while riding upon the shoulders of a playmate, with his limbs thrown around the armpits and his feet resting upon the back of the latter, he was violently and suddenly pitched forward, and fell down upon the floor on his hands. Not feeling hurt he got up, walked about till bed-time, when he went to his room in the third story of the building, without pain or lameness. Slept well that night. Next morning he came down stairs, and walked around the yard—though slowly and limping—and complained of pain in the knee and front of the thigh. From here he went about two hundred yards to his home, with the assistance of boys leading him, where he kept his room, getting in and out of bed, and walking about a few steps while being supported, the knee and thigh still being painful. On August 8th, five days after the receipt of the injury, a physician was sent for, who found the patient sitting on a chair with pain in the knee, and not able to walk without help. Luxation of the hip-joint being diagnosticated, attempts at reduction were made but failed. The patient was then ordered to keep his bed, cooling lotions being applied over the hip-joint. On August 11th, another physician being called, persevering efforts were made, under the influence of chloroform, by extension and counter-extension, with the view of reducing the limb, which appeared successful. As soon, however, as the effects of the anæsthetic had passed off, deformity of the hip, with abnormal length of the limb, returned. On the next day, August the 12th, the two last surgeons, availing themselves of the assistance of a third one, repeated the usual means of re-

duction, while the patient was chloroformized, for some time; and having succeeded, as they supposed, in restoring the limb to its natural length, crossed the right limb over the left, and confined them in this position by bandages, with the view of maintaining the head of the femur in the cotyloid cavity. The limbs were thus kept crossed for forty hours, when on removal of the bandages the deformity of the hip was found unredressed. On August the 5th, a fourth surgeon was summoned, who, on learning the history of the case and the repeated failures of reduction, promised speedy success. Extension, by means of pulleys, with counter-extension, in the anæsthetic state, was employed, and continued with short intermissions for two hours, when reduction appeared to be effected; a want of freedom of the limb during inward rotation, however, remaining, which could not be effaced, as was asserted. Yet with the cessation of the anæsthetic stupor, deformity, as before, was again evident.

On August the 20th, when I saw the patient, the following condition presented itself. I found him resting upon his back, with the body leaning over to the right side. There was fulness in the groin, and increased breadth of the upper part of the femur, where the skin was chafed, due to the powerful reductive efforts, which previously had been made. Pain was felt on touching the swollen and excoriated parts, and on moving the limb in any direction, yet no tightening or cord-like tension of the inner side of the thigh was noticed. Soreness was complained of in the knee and groin almost constantly, denying him comfort and sleep. The right crista ossis ilii was lower by one inch than the left one, owing to the position of the body, which inclined over to the right side. The right femur was everted, and rested upon its outer face, with knee and foot semi-rotated outward, and knee-joint slightly bent, (straightening the same giving some pain). The limb thus reposing, showed an increase in length of three-fourths to one inch, compared with the left one; but by measurement from the anterior superior spinous process of the ilium to the malleolus externus, the difference of length was found one-eighth of an inch in favor of the left one; the right one, therefore, being one-eighth of an inch shorter. The patient was able to bend the knee and hip-joint, by dragging the sole of the foot along the floor of the bed without pain, and to invert and evert the point of the foot slightly, but powerless to lift the limb off the bed by muscular action unaided. Separation of the thighs being but slight, both heels could easily be approximated by help, yet not be crossed over

each other but by force, which caused great pain and resistance. Flexion of the femur at the hip-joint, with adduction to a limited extent, was practicable though painful, abduction being much more impeded.

While standing, the body is leaned forward, and over to the right side, the right limb being in advance of the left one, with knee and hip-joint bent, and foot slightly everted. The gluteo-femoral crease was effaced, with the right nates flattened and lowered, the patient being unable to bear any weight upon the injured limb. The trochanter major was found depressed and somewhat behind its normal position, and about half an inch lower, there being an increase of space between it and the anterior superior spinous process of the ilium, as compared with the left side. Febrile excitement was marked with serous effusion in the pouch above the patella, the effect of inflammatory action in the muscles—induced by the pressure of straps, which were used during the trials at reduction—proceeding downward toward the knee-joint.

This being the condition of the case, the nature of the luxation of the head of the thigh-bone as that into the foramen ovale, was easily made out, and reduction as easily effected by means of manipulation.

The patient being placed under the full influence of chloroform, and resting upon a table, the pelvis was steadied by an assistant, while I grasped the thigh above the knee-joint, bending it gently yet steadily upward toward the abdomen, with the knee semi-rotated inward, and then crossing it over to the left side of the body. Before extending the limb, the head of the thigh-bone had already noiselessly slipped into the socket, as was evidenced by the natural prominence of the trochanter, the unlimited freedom of motion at the hip-joint, and the restoration of the normal length of the member, which remained unaltered even after anæsthesia had subsided. With the view of obviating a renewal of displacement, the case was treated like one of fracture of the neck of the thigh-bone, with a long padded splint placed along the outside of the limb, from the crest of the ilium to below the ankle, and secured by extension and counter-extension. Two long pasteboard splints, one for the posterior face of the femur, from its crease to above the ankles, and another along the inside of the limb, from the perineum to above the malleolus internus, well padded, were also applied and confined by several turns of a bandage encircling limb and splints, the last turns crossing around the pelvis.

The patient, on being removed to his bed, felt promptly relieved, and rested well after, all uneasiness having ceased. A week having passed with comfort and freedom from pain, the dressings were renewed, when the position and length of the limb were found natural, all motions of the joint being free and painless. The limb was bound up again, with extension and counter-extension still maintained. On September 13th, the splints were permanently removed, a bandage alone encircling the thigh and pelvis. He was allowed to walk on crutches, which will soon be dispensed with, the joint having perfectly recovered.

Commentary. If the success of speedy and easy reduction in the above case, obtained without force, solely by the aid of manipulation—the usual means by repeated, protracted, and powerful extension having failed—is of interest and worth recording, far greater importance attaches itself to the *fact* that the patient was able to *walk* upon the limb, with the head of the thigh-bone luxated, *without pain or lameness*, immediately after the injury, and even for five days after. But for the unmistakable evidence of symptoms, plainly denoting the nature of the injury, doubts of the correctness of the diagnosis on that account may well have been entertained, as inability of locomotion in luxations in general has never been questioned. Considering, however, that the musculi obturatorii, which cover with the superincumbent fascia the foramen ovale, form a comparatively solid and safe resting-place for the dislocated head, able to sustain the weight of the body; locomotion, some hours or even days after the accident, will therefore be practicable, until irritation of the muscular and aponeurotic tissues at the seat of injury, with its consequences, sets in, disabling the patient from the further use of the limb.

Worthy of note in this case, too, was not only the *absence* of increased length of the luxated member, a common concomitant in luxations of this character, but its *actual* shortening, as ascertained by direct measurement of both limbs, the right one being found shorter. To explain this anomalous condition satisfactorily, attention to the following consideration is invited. First, absence of increased length in luxation into the foramen ovale finds its explanation in the yet undeveloped condition of the pelvis of children—the acetabulum, more shallow at that time of life, being seated on a level with the foramen obturatorium, and not above it, as in more advanced years, when the cup has become deepened, and the pelvis expanded in an upward and out-

ward direction, thus apparently shortening the luxated limb, instead of lengthening it, as is observed in the adult. Next, the *real* shortening of the luxated member will be accounted for by the yielding nature of the textures upon which the dislocated head rested, permitting it to sink into their muscular bed during locomotion, while irritation of the muscles surrounding the hip-joint, which usually follows the displacement of the femoral head some days after, had the effect of stimulating unduly the powerful adductors which, unrestrained by their opponents, were drawing the head still deeper into its newly chosen socket, thus causing perceptible shortening of the limb to take place—a symptom anomalous, not spoken of by authors—and as such is calculated to mislead the inexperienced in the diagnosis of the injury, which otherwise would not easily be mistaken.

Willing to grant that the repeated efforts of the surgeons who preceded me in the management of the case were well directed, and that reduction to them appeared perfect, as long as the anæsthetic effect, with general relaxation of the muscular system, was lasting; still it cannot be conceded that the head had entered the socket at any previous time, as the symptoms of luxation reappeared as soon as anæsthesia had subsided. For replacement, once truly effected, will be permanent as long as the limb is well guarded. Moreover, it will be remembered that after the third attempt, the limbs had been kept crossed for forty hours, yet the deformity was found unrelieved when the bandages were removed.

To be just, however, it will be but proper to inquire, if to fracture of the brim of the acetabulum the failure of reduction might not be attributed. Yet the history of the case does by no means warrant this supposition, for with the cessation of anæsthesia, as we were told, deformity of the hip was *immediate*, which, if redressed by reductive efforts, but complicated with fracture of the rim of the acetabulum, would not have reappeared *at once*, but days after, at the time when the muscles, having recovered from the anæsthetic stupor, but irritated anew by inflammatory action setting in about the hip-joint, or by incautious movements of the body, were ready to relaxate the head out of the broken cup and lacerated capsule.

With these remarks, and the history of the case candidly and fairly represented, the practice of *manipulation* for the relief of luxation, over forced *extension* by the aid of assistants and *pulleys*, proclaims its own merits, and adds but ano-

ther leaf to that great work on conservatism which the nineteenth century is preparing as a bequeath to posterity, attesting the learning, labor, zeal, and devotion of many surgeons of the present day, and the spirit of humanity which guides their actions.

Hospital Reports.

PENNSYLVANIA HOSPITAL, }
June 23d, 1866. }

SURGICAL CLINIC OF D. HAYES AGNEW, M. D.

Reported by Dr. Napheys.

Operation for the Radical Cure of Hernia.

This man has been suffering for some time from double oblique inguinal hernia. It is proposed to-day to attempt its radical cure. Hernia is so common that it is stated that one-third of mankind suffers from this affection. Whether this be too extravagant an estimate or not, hernia is very frequently met with.

Almost all the arrangements which we have for the treatment of this disease look simply to its palliation, to keeping it within the abdomen, and protecting the patient from the risk to which he is perpetually exposed, of strangulation. A man is never safe with a hernia. The danger of strangulation is greater when it is of small size than when voluminous.

In this man the hernia of the left side is the smaller of the two. In the recumbent position it will gradually recede, and pass into the abdomen. The case is one of oblique inguinal hernia, consisting probably of omentum and intestine, and the sac in which it is included. When the hernia recedes the sac remains. Of course, in a hernia of this kind, the two rings are not separated two and a half inches. On the contrary, the internal is always drawn down towards the external, and, probably, in this case, the two are together.

An accurately fitting truss is simply a palliative remedy, but one which deserves great attention. There is no hernia which will be rebellious to an instrument adapted properly to the surface of the body.

The radical cure is accomplished in a variety of ways. In very young subjects you can usually cure them by a truss, if it only have a block sufficiently hard, made out of wood, vulcanized rubber, or sole leather, and if it be worn continuously day and night. Such treatment will generally succeed in curing the case, whether it be umbilical, oblique, inguinal, or even crural; the pressure of the hard pad exciting inflammation, which results in obliteration of the sac. Therefore, in young subjects, this is the treatment to be persevered in for two or three years. Then, in the event of failure, resort may be made to a more radical method.

The radical methods are numerous. The older ones were very barbarous and thorough, consisting in dissecting out the sac, and the testicles with it. About a quarter of a century ago GERY instituted a series of experiments with a view to

the radical cure of hernia, which have been the basis of all that has been attempted since his time, by the process of invagination. His method consisted in reducing the hernia, and thrusting a fold of the integument into the canal as far as the internal ring, and securing it by sutures, producing inflammation, and so causing adhesion of the plug thus inserted. A great many cures were reported as accomplished. Others stated that the alleged cures had proved fallacious. Life was lost in some cases in consequence of peritonitis, and the operation has been abandoned.

This plan was followed by that of the great tenotomist GUÉRIN, who was in the habit of inserting a knife, and making subcutaneous scarification of the neck of the sac, and waiting for adhesion of its opposing surfaces. This procedure has fallen into disuse.

Acupuncture was next attempted. BONNET reduced the hernia, and passed through the canal, transversely, a number of little pins, which excited inflammation, and resulted in obliteration of the sac.

Then came another operation, that of WUTZER, which has played a more important part than any other, and the most extraordinary results of which have been furnished. It consisted in invaginating a portion of the integument by means of a peculiar instrument. This instrument is composed of a hollow cylinder, which, the hernia being reduced, is carried into the canal, pushing the skin before it as far as possible; another portion of the instrument, a concave piece of hard wood, upon the outside, forces the skin and intervening structure against the cylinder in the canal; and a stilette thrust through the central cavity of the cylinder is made to penetrate the integument over the position of the internal ring. The external piece of wood is secured down firmly, compressing the intermediate structures against the cylinder. He reports eighteen hundred cases cured. I have performed the operation several times, and have never yet succeeded in curing a case, though great care was exercised, and the recommendations of WUTZER closely adhered to.

Professor PANCOAST performed a number of operations founded on the same principle as that for the cure of hydrocele. The bowel being returned, and firm pressure made over the internal ring; tincture of iodine is thrown into the sac by a syringe, and pressure applied upon the outside. He reports thirteen cures.

A seton operation has been practised, consisting in attaching an ivory ball to a thread, carrying it along the course of the canal, and bringing one end of the thread out through the abdominal parieties, while the other hangs out below, so that the ball may be moved up and down to excite inflammation.

Another operation I performed several times, and on one occasion I supposed I was going to have success. I took the integument, and by means of an instrument like a bivalve speculum, thrust it up to the upper portion of the canal. On one blade of the instrument, the lower, there are two grooves, one on each side. A needle, with an eye a short distance behind its extremity, is employed, which is armed with a silver wire,

and carried up along the groove to its extremity, and then made to cut its way out of the abdomen with the wire. The needle being withdrawn, it is threaded anew, and then carried along the other groove, and the other end of the wire passed out, thus holding the plug of skin in situ by a loop of the wire. Then the blades of the instrument are extended, and between them several silken sutures passed, in order to excite inflammation. In this way a certain amount of skin was invaginated. But it was found that it was a good while before the cuticle of this skin macerated sufficiently to come away, and to be in a condition to unite with the internal surface of the canal, while the deep-seated parts are in a state of suppuration before this. Then it occurred to me, that if I would make an opening over the scrotum, and take simply the dartos structure, and thrust it up the canal, and introduce the instrument, the object would be accomplished.

This operation was performed in three cases with perfect success. This is not a favorable case because of the large size of the hernia.

The patient was placed under the influence of chloroform. The skin of the scrotum was exceedingly thin. The dartos structure was exposed, and carried up through the external ring, and pushed up to the summit of the canal. It was then followed up with the instrument, which was then lodged in the canal. The blades were separated, and screwed in that position. The needle, armed with silver wire, was introduced into the groove of the instrument, and passed through the abdominal wall, one end of the wire being brought out there. Then the needle was withdrawn, and the other end of the wire threaded. This was carried up the opposite groove and brought out through the tissues in the same manner, thus holding up the plug by a loop of the wire. A piece of cotton was then placed under the two ends, which were tied over it. Several silken threads were next passed between the two blades, and of necessity through the canal. These threads were tied loosely, the instrument carefully withdrawn, and the external opening closed by a suture.

The patient was ordered to be placed in bed, and kept in horizontal position, and the bowels locked up for seven or eight days with opium. The testicles were supported, so as to take off all stress from the dartos, which is pushed into the canal. No violent inflammatory symptoms, nor peritonitis, have ever followed this operation. It is possible if the instrument were carried too high that the peritoneum might be wounded. This can be avoided by remembering the position of the internal ring. Ordinary water dressings were applied to make the patient comfortable, not to counteract inflammation. In the course of three or four days the transverse sutures will be removed.

— DR. HENRY BRYANT, of Boston, has purchased and presented to the Society of Natural History of that city, the La Fresnaye Collection of Birds, one of the largest and most valuable in Europe, numbering eight thousand nine hundred and eighty-nine specimens, all stuffed and mounted in the best manner.

JEFFERSON MEDICAL COLLEGE, }
 September 22, 1866. }

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Epithelioma at an Unusual Age.

Pat. G—, æt. 37, a seaman. He has an affection of the lower lip, of five years standing. The lip is much more involved on the left side of the median line than on the right. He had been in the habit of smoking a pipe, which he held on the right side of his mouth. The central portion of the lip has an excavated appearance, and there is an ulcer in this situation. This part of the lip has been consumed by escharotics. There is a large hard mass on the left side, while on the right the lip is comparatively soft. The chin is perfectly sound, the disease does not extend perhaps three-fourths of an inch beyond the free margin of the lip. The mucous membrane, the frænum, the gums, and the teeth are also healthy. There is no enlargement of the glands under the chin or along the base of the jaw. He suffers from a pain in the diseased lip, of a sharp shooting character, which is not present all the time. His general health is good, but he has lost lately fifteen or twenty pounds. The troubled condition of his mind, in consequence of this affection, is the probable cause of the loss of flesh.

This is a case of cancer of the lip, now called epithelioma, epithelial cancer, canceroid, or cancerlike. It is a form of cancer seen very frequently in the lower lip, more frequently there than in any other part of the body. It is also met with on the tongue, the penis, the labia of the female, the vagina, the uterus, and the rectum, occurring on the mucous outlets of the body more particularly. Occasionally it has been found in the urethra, the urinary bladder, and in the alimentary canal, at the pyloric or œsophageal extremity of the stomach, or at the ileo-cæcal valve. It is nothing but scirrhus, such as is found in the mammary gland, modified by the tissue of the part. It is most commonly met with after the age of forty. It is altogether unusual at such an early age as that at which it presented itself in this patient, before the completion of his thirty-second year. It has acquired new activity lately, the man states.

This affection is observed in both sexes, much more frequently in males than in females. The reason of this difference is not known. Neither is there anything known of the cause of this disease. It has been supposed by writers of eminence, as Dr. JOHN C. WARRIN, of Boston, and Prof. MULLER, of Edinburgh, that it was often produced by the smoking of a clay pipe. This is not so. Prof. Gross has instituted special inquiry in the matter, and in all the large number of cases coming under his observation he has not been able in a solitary instance to trace the occurrence of epithelioma of the lip to anything of this kind. Occasionally long continued smoking may produce such an effect, but as a general rule it does not.

Epithelioma commences either in the form of a fissure, little crevice, or chap, or in that of a

wart-like excrescence, or shot-like tumor, situated immediately beneath the mucous membrane. It gradually goes on increasing until at length mucous membrane, skin, and intervening tissues are all involved in the morbid growth, and ulcerative action sets in. The ulcer which results is intractable or incurable. The discharge is thin, sanious, bloody, irritating in character, and more or less abundant. In this way the disease progresses, until finally the lymphatic ganglions, the gums, the teeth, and the substance of the jaw become involved. The pain at this stage of the disease is of a sharp lancinating character. Ultimately the constitution suffers, and the patient perishes. The disease may last for a period varying from nine or eighteen months to two or three years. In some cases, as in this, the disease is very tardy in its progress, several years elapsing before it makes much alteration in the lip, or serious encroachment upon the general health. In other instances, it extends rapidly within a few months.

There is but one remedy, and that is excision. Escharotics are of no value. In this case it will be necessary to remove a very large portion of the affected part, but there will be sufficient left to make a good lip. On the right side much can be saved, on the left hardly any.

A V-shaped portion of the lip was removed, and the edges of the wound approximated by a long pin above, two smaller ones below, and an interrupted suture. Union by the first intention will be expected throughout the whole extent of the wound. The two lower pins will probably be removed at the expiration of three days, the upper one the day after. Although a large portion of the lip has been excised, yet as the parts are very extensible, they will yield gradually, and in the course of a short time the man will have an excellent lip.

Eversion of Mucous Membrane of Upper Lip.

Julia C—, æt. 20. Her upper lip is double. This defect is generally congenital. There is a protrusion of the mucous membrane, a redundancy, giving the lip a very curious sinister expression when she laughs. She first noticed it within the last two months. There is an hypertrophy of the mucous follicles in this situation, pushing the lip forward.

The hypertrophied portion of the mucous membrane and subjacent structure was cut away by an elliptical incision, and the edges of the wound approximated by interrupted sutures, five on the right, and two on the left side. The sutures will be allowed to remain for four days.

Syphilis Communicated by a Kiss.

At a recent meeting of the Chicago Medical Society, a member related the history of a young woman, whose irreproachable character left no doubt of the truth of her narrative, who experienced all the horrors of syphilitic inoculation, through a kiss from a gentleman to whom she was engaged. A chancre upon the lip was the result, and subsequent medical investigation revealed the fact that the young man was under treatment at the same time for syphilitic ulceration of the throat.—*Druggists' Circular.*

EDITORIAL DEPARTMENT.

Periscope.

Differential Diagnosis of Empyema.

In an elaborate article on Pleuritic Effusions, published in the *Cincinnati Journal of Medicine*, Dr. FRAZER places in juxtaposition, very convenient for practical reference, the different signs of empyema, as contrasted with consolidation of the lung.

EMPYEMA.

1. Inability to lie on healthy side.
2. Almost always bulging outward of the intercostal spaces.
3. Parietes immovable.
4. Always dull on percussion; except the patient be in the erect, semi-erect, or horizontal posture, then, IF THE CAVITY BE NOT CRAMMED WITH FLUID, we may have a clear sound at the apex of the lung, the upper level of the thorax, and where there are pleural adhesions.
5. Great resistance to the finger on percussion.
6. A total absence of the respiratory murmur, except close to the spine, at the apex of the lung, if the pleural cavity be not full, and at points corresponding to pleural adhesions.
7. Metallic tinkling, unless the cavity be filled, or nearly filled, with fluid.
8. No bronchophony.
9. No ægophony, unless the cavity be nearly filled with fluid.
10. No vocal fremitus, except at the points of old pleural adhesions, and therefore seldom felt.
11. Affected side almost always enlarged.
12. Often fluctuation.

CONSOLIDATION.

1. Inability to lie on diseased side.
2. Never bulging out of the intercostal spaces.
3. Parietes immovable.
4. Always dull on percussion; although a tympanitic state of the stomach and transverse arch of the colon may render the sounds more or less clear.
5. Moderate resistance to the finger on percussion.
6. A total absence of the respiratory murmur, except at the root of the lung, or a few points not already consolidated.
7. Never metallic tinkling, except in cases of abscess.
8. Always bronchophony, and especially at apex and root of lung.
9. No ægophony.
10. Vocal fremitus generally present, unless the entrance of air through the bronchial tubes is much obstructed, or the parietes very flaccid.
11. Never enlarged, except in the early stage.
12. Never fluctuation.

Cerebro-Spinal Meningitis.

In its reports of the Boston Society for medical improvement, the *Boston Med. and Surg. Journal*, gives an account of a case of cerebro-spinal meningitis, reported by Dr. BLAKE.

The patient was an unmarried female, 26 years of age, admitted to the City Hospital suffering from opisthotonos, almost wholly unconscious, mouth partially open, lips covered with little herpetic vesicles, eyes half-closed, moderately dilated and sensitive pupils; respiration labored and noisy, 32; pulse 120, regular; tongue dry and brownish, sordes on teeth. A number of dark, purplish spots, one-eighth of an inch in diameter on chest, neck and arms; spots not raised, do not disappear on pressure.

Treatment. Leeches behind ears, ice to head, bromide of potassium in large doses. Liquid nourishment by rectum. Next day the opisthotonos had disappeared, but cervical muscles continued rigid; she could swallow liquids without much difficulty; pulse 90; pupils somewhat dilated and sensitive; still unconscious; feces and urine passing involuntarily. Following day in about the same state; respiration and pulse a little quickened; rigidity of muscles as marked; no return of consciousness. Next day she died.

Autopsy, as reported by Dr. SWANHEAD. Large vessels of *pia mater*, on upper surfaces of both hemispheres, particularly about the vertex, turgid with blood, and the minute vessels lying on the convolution unusually distinct. Sub-arachnoid deposit of soft greenish-yellow lymph, in many places on upper surfaces of hemispheres, at and between their anterior extremities, in the fissures of Sylvius at the optic commissure, on pons varolii, at the anterior edge of cerebellum, and on its superior vermiform process. Lying free upon that portion of the dura mater which covers the upper surface of the right hemisphere, was a continuous uniform layer of lymph, two or three square inches in extent. A less amount, in small scattered particles, occurred on corresponding portions of the left side. No excess of fluid in serous cavities of brain or cord; brain-substance firm.

Beginning five inches from the upper extremity of the spinal cord, and extending downward about seven inches, was a thick, unbroken deposit of soft, pale, greenish-yellow lymph, confined entirely to anterior aspect. On posterior surface minute vessels slightly injected, but no trace of lymph.

Thorax. In left pleural cavity, ten ounces of a turbid brownish liquid, sustaining fat globules on its surface. The two principal pulmonary veins of the left lung, and the left primary and two secondary bronchi, were laid bare to the extent of one or two inches, and several venous branchlets were completely isolated for an inch, more or less, by a curious superficial progressive waste of the parenchyma of the lung. This process was most marked on the inner surface of the lower lobe, but it had invaded a portion of the upper lobe nearest its roots, and had also extended between the two lobes. It had destroyed at least the pulmonary pleura in its course, the line of demarkation being in general easily made

out, but there was also undoubted loss of proper lung tissue toward the centre of the diseased action, although the finger found no deep cavities. The bare parenchyma presented a rather smooth, cobulated surface, of a deep brown color. There was little or no odor about the parts. The posterior and upper surface of the lower lobe showed small hæmorrhagic blotches beneath the pleura. Section showed considerable lobular pneumonia. The same disease, to less extent, existed in the right lower lobe. Rest of lungs healthy. Other organs normal.

Coincidence of Eruptive Fevers.

The *N. Y. Medical Journal* quotes from the *Lancet* the case of Mr. KESTEVEN, where, in the course of a well-developed typhoid fever, with characteristic rose-colored spots, the general symptoms and special eruption of measles made their appearance. There were at the time other patients in the same house suffering from measles. The coincident occurrence of two eruptive fevers in the same patient is rare. Mr. GALLMEY published in the *Lancet*, in 1858, a case of small-pox supervening on measles, and another on scarlatina. Mr. KESTEVEN, also, in 1856, described in a paper a series of cases where measles and scarlatina were concurrent. A case has also recently occurred at St. George's Hospital, in the service of Dr. BARCLAY, where, on the twenty-first day of a typhoid fever, fresh and urgent symptoms developed themselves, which proved to be an attack of scarlatina. This in its turn was followed by acute nephritis, to which the patient succumbed. For more than a year previous, he had suffered from albuminuria, with dropsy.

Elephantiasis Arabum, or Elephas, successfully treated by the application of a Ligature to the main Artery of the Limb.

This case was related before the Royal Medical and Chirurg. Society, by Dr. THOMAS BRYANT, and published in the *British Medical Journal*.

The patient was a young woman, 25 years of age. At the age of fifteen she had scarlet fever, and during convalescence the left leg began to swell, beginning at the calf and extending upward toward the knee. For two years the enlargement was gradual, and then more rapid. Three years since some small ulcers appeared in a deep sulcus in the calf, from which a quantity of dark fluid-like blood escaped; the ulcers subsequently healed.

On admission to the hospital (Guy's), the left leg was found enormously enlarged, from ankle to groin. It felt hard and brawny, the skin and cellular tissue being evidently infiltrated with a fibrinous material. The skin appeared coarse, but free from cuticular induration and ulceration, frequently associated with this affection. The measurements were as follows: Round the calf 24 inches, (9 inches in excess of the sound side); round the thigh 28 inches, (excess of 7 inches.) Temperature of both limbs alike. Pulsation in left iliac artery distinct, but the femoral and tibial vessels could not be made out. Twenty days after admission, the left external iliac artery was ligatured; vessel perfectly healthy, and of

normal size. The whole limb was subsequently swathed, and well raised on an inclined plane. It became rapidly softer and smaller, measuring between three and four inches less in the course of a week. At the end of the second week the limb had diminished another inch. On the 15th day the ligature came away from the iliac artery, the limb having been all this time free from pain and quite warm. After four and a half months the limb was but three-quarters of an inch larger than the sound limb. The skin had gradually contracted, and had become natural in aspect; all brawniness had also gone. The patient at the present date is walking about with an elastic legging, perfectly sound.

In his remarks the author referred to the cases of Dr. CARNOCHAN, of New York, which were published in 1856, and stated that it was from their perusal that he had been induced to adopt the practice in this case.

A Case of Obstinate Vomiting Connected with the Presence of a Foreign Body in the Uterus.

is related in the *Pacific Medical and Surgical Journal* by JAMES BLAKE. The patient, æt. 22, unmarried, had been suffering from constant vomiting three days, when Dr. B. saw her, unable to retain even a drop of water, and sleepless for two nights. She remained in a somewhat critical condition for five or six days, then gradually recovered. At the next menstruation a piece of cotton was found in the vagina, such as is used for applying caustics to the interior of the cervix. It had previously been ascertained that the vomiting had come on after the patient had some operation on the womb performed by a surgeon, and the piece of cotton had undoubtedly been left in the uterus at the time.

Dr. B. concludes that this case affords a striking example of the effect of mechanical irritation of the uterus in producing vomiting, and tends to show that where pregnancy acts as a cause of vomiting, the vomiting is owing to the mechanical irritation produced by the fœtus, and not to the changes accompanying pregnancy. The purely reflex nature of the vomiting in this case is interestingly shown by the causes that would give rise to it—the slightest movement, the opening of a door, even speaking to the patient would bring on an act of vomiting, just as the same causes would give rise to spasm in tetanus, or in poisoning by strychnia.

Quinine in Menorrhagia.

The periodicity of the menstrual process is to be referred for its cause to the ganglionic system of nerves. There is considerable analogy between each individual menstrual flow and an attack of ague. Now, when the process occurs too frequently, every fortnight or three weeks, it may generally be controlled by quinine, (unless owing to severe inflammation of the neck of the womb.) The quinine may be given in doses of two or three grains every night, or every other night, and if nervous symptoms predominate, it may be combined with sedatives, or if anæmia is present, with iron.—*Brailhaite*.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, OCTOBER 13, 1866.

PRIZES.

Last week we published an offer of a prize of \$250 from a distinguished physician of New York, for the best essay on the ETIOLOGY OF EPIDEMICS. We are glad to see this stimulus offered to investigation, and wish that more was done in our country in the same way, to encourage research in some branch of science connected with the profession of medicine. There is a growing disposition to make use of this powerful means of encouraging medical research, we are glad to say. In New England there are several prize funds, all, however, of small amount, though even they have been the means of calling out some valuable essays and monographs on various medical subjects. The American Medical Association, and one or two of our medical organizations, have small prize funds, which are annually offered for essays on subjects of interest to medical men.

The difficulty about all these prizes is that they are too small. The largest of them should be increased ten-fold to offer proper inducements to engage in thorough investigations on special subjects. These investigations are sometimes very costly, and the expectation of reward must be considerable to justify one in engaging in them. On the score of liberality, the prize offered by our correspondent last week (\$250) is, we believe in advance of anything that has yet been offered in this country for a single essay. In France, where this system is carried out with the greatest perfection, prizes are offered from a few hundred francs, to many thousands in amount, there being, we believe, several ranging from 5,000 to 100,000 francs (\$1,000 to \$20,000.) Such prizes should, and no doubt do, add to our literature some valuable works.

This method of encouraging industry, application, and investigation, is adopted in some of our medical schools, particularly in those of New York city, where, in some of the schools, there are several prize funds for rewarding the greatest proficiency in certain branches on the part of the student. The influence of these prizes must be beneficial, and we regret that, so far as we are aware, there is, as yet, no such inducement offered at either of the colleges of this city.

It has long been our purpose to establish the system of prizes in connection with the management of this journal, as an inducement to con-

tributors to communicate, for our columns, articles on special subjects which will require much research, and involve considerable outlay. Before very long we hope to be prepared to make an announcement of this kind, that will be the means of calling out some unusually valuable articles on special subjects. Indeed, in an unostentatious way, we have already offered liberal inducements to writers on special subjects, and thus presented our readers with some very valuable articles, which have really cost us a large amount of money. We simply propose, ere long, to systematise the matter, and offer all an opportunity of competing for prizes for certain kinds of articles for our columns.

Notes and Comments.

Mortality of Providence, R. I.

There were 102 deaths in Providence during the month of September, which number was 21 less than in the preceding month; 19 less than in September, 1865; 17 less than in September, 1864; and 3 less than the average for September during the last eleven years.

A few cases of Asiatic cholera occurred during the month. Dr. EDWIN M. SNOW, the efficient Superintendent of Health, says:

"As compared with preceding years, the number of deaths in September, from diarrhœal diseases, were as follows:

	1866.	1865.	1864.	1863.
Deaths in September,				
Cholera Infantum,	8	7	10	15
Cholera Morbus,	3	0	0	0
Cholera Asiatic,	6	0	0	0
Diarrhœa,	4	7	9	8
Dysentery,	10	19	9	23
Totals,	31	33	29	46

"The deaths in September, from this class of diseases, was considerably less than the average in this city."

He says further: "An examination of the records of mortality, and of the modifications of the symptoms of diarrhœal diseases, during the season, shows that the epidemic cause of cholera has existed in the city during about the same period as in former visitations, and that its effects have followed a similar course, being most severe about the middle of August, and declining after that date.

"The reasons that we have escaped, so remarkably, the effects of the disease, are perfectly evident. They are, *first*, because the epidemic cause of cholera has been much less virulent than it was in 1849 and 1854; and *second*, because the city

has been far better prepared for the disease than it was in those years.

"The primary cause of cholera still lingers in the city, one case of the disease being reported to-day. We may have other cases: but there is no longer any danger of an epidemic of cholera during the present year."

"Brain Work in Germany"

is the heading of the following editorial notice in the *Pacific Med. and Surg. Journal*:

"Has an American student any conception of the German idea of *study*? Look at the University of Berlin. In the five months' session, from April 5th to August 15th, one hundred and eighty-three professors give lectures on almost every subject—scientific, literary, theological, industrial—embracing three hundred and thirty-five distinct courses. A majority of the lectures are two hours in length, some of them three. They are given at all hours, from 6, A. M., to 10, P. M. Forty-eight of the courses are given gratis—for the love of the labor. One professor demonstrates practical chemistry in the laboratory from eight in the morning till four in the afternoon, continuously, six days in the week, without a penny of compensation. The University fees are very small—a mere trifle. Bavarian beer comes in at all times. *Such a course of mental and physical training might, one is inclined to suspect, develop abnormal products—monstrosities rather than men.*"

The portion of this quotation which we italicize shows conclusively that its author has a very crude notion of University education in Germany. True, the number of professors is very large, two, three, and sometimes four or five lecturing on the same subject. But this is only an advantage to the student, who has the choice of listening to those from whom he can learn most. As to the length of the lectures, our author is grossly mistaken. Regarding the demonstration of practical chemistry *in the laboratory*, it would be a blessing if it could be fully introduced in our medical and scientific schools, in the place of the *school-boy exhibitions of a few experiments during an hour's lecture*.

Concerning the study of medicine, the great difference between Germany and the United States is, that *here* the student is forced to study every branch of the science at the same time, in an absurdly short period; while *there* he does not enter into the study of practical medicine until he has fully mastered the fundamental facts and principles of anatomy, physiology, chemistry, and natural philosophy. Which course is more apt to develop mental monstrosities?

The miserably unsystematic course of medical study in the United States, forces the American

medical student to perform *more* brain-work in a shorter time, and to *less purpose*, than any student on the Continent. If the *Pacific Med. and Surg. Journal* will thoroughly examine and compare University education on the Continent and here, it will soon be convinced, as far as America is concerned, that the danger of developing monstrosities is on our side.

Books, etc., Received.

A treatise on VESICO-VAGINAL FISTULA. By M. SCHUPPERT, M. D., Surgeon of Orthopaedic Institute, New Orleans. Lithographic plates.

The Galaxy. This elegant fortnightly magazine keeps up its interest, being filled with attractive and useful reading matter.

No. 12—October 15th, contains: Archie Lovell, by Mrs. Edwards. A Dream of the South Wind; by Paul H. Hayne. The Sea Islands of South Carolina, by E. B. Seabrook. The Last Battle of Winchester, by James Franklin Fitts. Number Thirty-Nine, by Ingoldsby North. The Claverings, (with two illustrations), by Anthony Trollope. The Mormon Commonwealth, by a Mormon Elder. Gil Garay, by J. W. Palmer. The Seventh Commandment in Modern Fiction, by W. L. Alden. The Secret, by L. F. English and French Painting, by Ion Perdicaris. Nebulae, by the Editor—containing: The Mormons; The Reward of Honesty; The Woman Question; "Ecce Homo" Again; Cornelius O'Dowd on America; State Nicknames.

The price of *The Galaxy* is \$5 a year; \$3 for six months. When it is considered that the magazine is issued twice as often as the monthlies, it will be seen that these rates are very reasonable.

W. C. & F. P. CHURCH, Proprietors, No. 39 Park Row, New York.

News and Miscellany.

Value of Sewage.

The Reclamation Company, now actively engaged on the north side of the Thames, has already tested the value of the metropolitan sewage, and contemplates its regular and systematic utilization on a farm which the company is about to purchase.

We give the following details as the result of its first labors, which, whether viewed in a sanitary or commercial light, we take to be of the highest importance. Early in April last a plot of waste land at Barking Creek, devoid of surface soil, was covered with common sand brought from Mappling, near Shoeburyness, to the extent of two feet thick, on which was sown grass seed. The surface was then well irrigated with ordinary London sewage from the northern outfall. This has been repeated once or twice. The effects of this *manufacture of green meat*—for such, indeed, it may be most justly considered—has been the production of *three crops*: one cut in June and July, at the rate of sixteen tons per acre; a second, of eight

tons; and a third now growing, and almost ready for the scythe! This illustration of the value of what we have for generations cast into our rivers as waste, almost surpasses belief, and at any rate, ought to engage the serious attention, as it is now doing, of all practical economists.—*Lancet*, Sept. 8, 1866.

A correspondent of the *Médical Press and Circular* sends the following effusion on

"Quassia the Quack."

Some sing of old Bacchus and his ruddy wine,
Whilst others intone to a muse of the "nine."
But why should a bard tease his head with the pack,
Whilst "gushing" for fame is bold Quassia the Quack?

Bold Quassia you'll find in his "study" or "shop,"
Dressed up as a "swell," and "decked out" as a "fop,"
With rings, chains, and "choker," of classical hue,
And lingual "palaver" sufficient for two.

His boots vie in brightness with his "local" fame,
His "hat wears a lustre" that puts both to shame,
His "cane," silver mounted with the "wealth" on his back,
Give an air, quite *distingue*, to Quassia the Quack.

He "swells it" by physic, and "does it," too, well;
And though people hint that our "hero" 's a "sell,"
And whisper, "dear me, why permit vice such swing?"
Bold Quassia is jolly, and "struts" like a king.

Oh! how he "sniffs" air as he passes M. D.,
How he blows and he bustles when "scenting" a fee,
And his look seems to utter, "I'm on for a tack,"
"So make way, your souls there, for Quassia the Quack."

He cares not for "Council," for "College," for "Hall,"
With contempt *super-heated* he looks on them all,
For his conscience is "cloudy," and diplomas his "brass,"
Cunning fox, parrot-tongued, with the brains of an ass.

Quassia's "fee" is a shilling (I forgot, half a crown),
If he "calls in his carriage (?), or a distance from town,"
And his "wheeler" is gloss! and his "coachman" dressed
pat,
Can you doubt, sir, his buttons, or "gold" on his hat?

Then here's to bold Quassia, the pride of our day,
And here's to the laws that give rascals such sway.
But, ah! for a sapling ("nice and handy" to thwack),
And the muscles to "try it" on Quassia the Quack.

— THE COLUMBIA HOSPITAL FOR WOMEN AND LYING-IN ASYLUM, WASHINGTON, D. C., which was chartered June 1, 1866, is now open. The establishment of an institution of this kind in Washington was mooted as far back as 1863, but owing to the distracted condition of the country the plans were not carried into effect until the time above designated. The building, a large and commodious one, situated on the corner of 14th and M streets, is well furnished. The beds are divided into twenty at \$6 per week, which are intended for those able to pay board, and fifty for charity patients. In addition there are twenty private rooms, entirely separated from the main portion of the building, for which the occupants are expected to pay \$10 per week; and twenty beds by special arrangement with the Secretary of War and the Surgeon-General, have been set apart for the wives and widows of soldiers and sailors. A Congressional appropriation of \$10,000 a year very materially aids in de-

fraying the expense of supporting the free beds. The medical staff consists of the following gentlemen: Surgeon-in-chief, Dr. J. H. THOMPSON; Consulting and Advisory Board, Surgeon-General JOSEPH K. BARNES, U. S. A.; Drs. JOSHUA RILEY and GRAFTON TYLER of Georgetown; Drs. THOMAS MILLER, A. Y. P. GARNETT, W. P. JOHNSTON, and Flodoardo HOWARD of Washington.—*Medical Record*.

Reproduction of the Aphides.

One of the most singular phenomena in comparative physiology is the method of reproduction of these curious but common insects. Successive generations are produced without any sexual copulation, or, indeed, without any generative system. Such, at least, has been the theory universally accepted till within the last month or so. In Professor HUXLEY's fine memoir the author attempted to prove that the reproduction of the aphides is simply a process of budding, like that of the hydra, and to which M. QUATREFAGES gives the name of "geneagenesis." Professor OWEN, who thought the male sexual influence was transmitted from one generation to another and higher, called the process "parthenogenesis," or virginal production. But now it appears, from the recent investigations of M. BALBIANA, that the so-called virginal or asexual aphides are true hemaphrodites; and thus the mystery is solved. The conclusion is a very startling one; but since M. BALBIANI is a naturalist well known for his elaborate researches among the lower animals, his explanation must be accepted until either Prof. HUXLEY or Professor OWEN comes forward and refutes it.—*Lancet*, July 21, 1866.

How to make Autopsies Odious.

We are surprised to notice that a number of respectable physicians of Philadelphia, to whom the body of Probst was consigned after execution, appear to have lent themselves to the publication in the newspapers of the details of their experiments and dissections, which are related in such a manner as to horrify the public mind and foster the popular aversion to autopsic examinations. Had it been the leading purpose to punish the criminal after death, and add to the terrors of the law the terrors of another profession, the plan was well executed. The narrative, as paraded in the newspapers, is admirably calculated to place the hangman and the surgeon on the same platform, and to start the question in the minds of men whom the gallows alone might not deter from crime, whether they are willing, in addition to the gallows, to be subjected to the ghastly horrors of galvanism and evisceration, by professional amateurs, in the presence of reporters and witnesses, whilst the flesh is still warm and palpitating. But what bearing has the transaction on the popularizing of autopsies and anatomical dissections in general? The interests of medical science demand the removal of the deep-seated prejudice which affects the public mind on this subject. It is a great question for our profession. Students cannot equip themselves for duty without the means of anatomical dissections. The knowl-

edge of disease and therapeutics cannot advance without post-mortem examinations. But a foolish, though a very natural prejudice, presents a serious obstacle to our progress. And this prejudice is cherished and extended by the association of the hangman and the doctor. These professional entertainments, in common parlance, *do not pay*. They cause us to be regarded as ghouls. They furnish some scientific amusement, it is true, but they block up the way to autopsies in every other direction than by the way of the gallows. It is our belief that physicians had better refuse all such unsavory jobs. If the corpse of a malefactor is to be punished or treated with indignity, let it be done outside of the profession. Let our association with the dead, in the public mind be one of respect and decency, not of wanton mutilation and amusement. Let us claim the necessities of science and humanity as the only basis of necroscopic examinations, and as the proper limit of all such examinations.—*Pacific Medical and Surgical Journal*.

— NEW YORK MEDICAL JOURNAL ASSOCIATION.—The new rooms of the *New York Medical Journal Association* are now open, at 58 Madison avenue, corner of Twenty-seventh street, in the Mott Memorial Building. They are well adapted to the requirements of the association, and it is intended to make them a central point of attraction. The "re-unions," which formed a pleasant feature of medical society last winter, will be resumed during the coming season, and, with the coöperation of the profession, it is believed that the association will carry out the good ideas upon which it is based.—*Med. Record*.

A Powerful Microscope.

The most powerful microscope ever constructed has been made by Messrs. POWELL & LEALAND, and described in a paper read before the Royal Society of London, England. The power of this instrument is fully double any which had ever been constructed previously, and altogether exceeds what had before been considered the utmost attainable limit of perfection in this instrument. This powerful microscope magnifies 3,000 diameters with its lowest eye-piece, and 15,000 diameters with its piece of the highest power—the latter being equivalent to magnifying no less than 1,575,000,000, or making an object appear that number of times larger than it really is! How immensely must such an instrument increase our knowledge of the lower organisms; may it not even enable us, eventually, to determine the ultimate constitution of matter? It must at least greatly aid the scientist in his researches in that direction.—*Druggists' Circular*.

— According to the judicial statistics, there are 3,100 drunkards in the city of Liverpool.

— In Paris the police have discovered a slaughter-house for horses, which daily sends its products to the markets as beef. The establishment was closed.

— PROF. PILZ the oculist and author died recently at Prague, in his forty-fifth year.

— THE supporters of spontaneous generation have found a new disciple in M. DONNÉ, Dean of the Faculty of Medicine of Montpellier.

— FROM Sept. 12th to Oct. 1st there were 24 cases of cholera and 9 deaths in Aurora, Ind.

— AGRICULTURAL COLLEGES will be established in nineteen states, that number having accepted the provisions of the acts donating lands "for the benefit of agriculture and the mechanic arts," and received land and land-scrip amounting to 4,950,000 acres. Other States will yet undoubtedly avail themselves of the privileges of this act.

— DR. RUTHERFORD HALDANE has resigned the editorship of the *Edinburgh Medical Journal*, and is succeeded by Dr. SAUNDERS.

Army and Navy News.

NAVY.

List of changes in the Medical Corps of the U. S. Navy, during the week ending October 6th, 1866.

Surgeon Wm. Johnson, Jr, detached from the U. S. Ship Beinville, and placed on sick leave.

Surgeon John S. Kitchen, detached from temporary duty at Marine Rendezvous, Philadelphia, and placed on waiting orders.

MARRIED.

BACKUS—HAYWARD.—In Jersey City, N. J., October 1, by Rev. John Haulon, B. P. Backus, M. D., of Freetown, Cortland co., N. Y., and Miss Sarah A. Hayward of the former place, recently of Baltimore, Md.

BAIR—FOSTER.—September 18th, at the house of Mr. Craig, of Oakland, by Rev. Mr. Russell, Dr. John B. Bair, of Indiana co., Pa., and Miss Sue E. Epster, of Pittsburgh, Pa.

CHASE—LOTT.—In Lynn, Mass. September 13, by Rev. H. V. Degen, Dr. Horace Chase, of Boston, and Miss Nettie Holbrook, daughter of Joseph A. Lloyd, Esq., of Lynn.

HALEY—ETHERIDGE.—At Montrose, Pa., September 27th, 1866, by Rev. Jacob G. Miller, Calvin C. Halsey, M. D., and Miss Mary Etheridge, all of the same place.

KELLOCK—BROWN.—In Perth, Canada West, September 26, by Rev. Thomas Henderson, Dr. J. D. Kellock and Elizabeth T. Brown, of Andover, Mass.

SANBORN—DEPREES.—In Piqua, Ohio, September 12th, at the family residence of the bride, by the Rev. D. Shepardson, Dr. Francis A. Sanborn and Miss Georgie Depees.

SUNNER—BEERS.—October 3, at Utica, N. Y., by the Rev. Theodore White, Dr. Albert E. Sumner, of Brooklyn, L. I., and Louise Beers, daughter of the Hon. George D. Beers.

VAN HOESSEN—BREWSTER.—On the 2d inst., at the Presbyterian Church, Goshen, N. Y., by the Rev. Dr. Snodgrass, Dr. J. E. Van Hoessen, of Stamford, N. Y., and Lottie Brewster of the former place.

VANDEBECK—McMUNN.—At Port Jervis, N. Y., October 4, by the Rev. S. W. Mills, Frank J. Vanderbeck, of Jersey City, and Louise, daughter of Dr. John B. McMunn.

WILSON—MILLIKEN.—On the 4th instant, by the Rev. James C. Lavery, Rector of St. John's Church, Bellefonte, Pa., Dr. James F. Wilson and Louisa, daughter of Samuel Milliken, Esq., of Philadelphia.

DIED.

DEVINES.—In New York, suddenly, September 28, Clara A., wife of Dr. William Devines, aged 47 years, 3 months, and 18 days.

HUNT.—In Cincinnati, September 23th, Sarah Grace, youngest daughter of Dr. James G. and Sarah E. Hunt, aged 5 years and 1 month.

PETHERBRIDGE.—At Westfield, N. J., September 22, Ida Ruthella, only daughter of Dr. John and Elizabeth Petherbridge, aged 14 years and 10 months.

ANSWERS TO CORRESPONDENTS.

Dr. O. W. S., Reading, Vt., and others.—The retail price of Banning's Abdominal and Spinal Shoulder Brace is \$20. The instrument is somewhat extensible—but it is better to give the following measurements, taken over the linen, the tape not drawn too tightly: 1. Number of inches around the pelvis, two inches below the crest of the ilium. 2. Around the chest, just below the axilla. 3. From each axilla to crest of ilium. 4. The height of the person. For any information, address, Dr. E. P. Banning, No. 11 St. Mark's Place, N. Y.

Dr. G. D., Galveston, Texas.—A very complete microscope sent you by Express on the 6th inst.

Dr. W. M. W., Reading, Pa.—A wired skeleton sent you by Express on the 1st inst.

Dr. T. C. L., Middletown, Pa.—Callabar bean gelatine sent by mail 2d inst.

Dr. W. T. G., Lexington, Miss.—Ecraseur sent by Express 2d inst.

METEOROLOGY.

September,	24,	25,	26,	27,	28,	29,	30,
Wind.....	N. E. Clear.	S. E. Clear.	E. Cl'd'y. Rain.	W. Clear.	N. E. Clear.	N. E. Cl'd'y. Rain.	N. E. Cl'd'y. Shw'r.
Weather.....						1 2-10	1-10
Depth Rain.....				1 9-10			
<i>Thermometer.</i>							
Minimum.....	48°	50°	61°	46°	49°	50°	51°
At 8 A. M.....	56	58	68	54	56	59	63
At 12 M.....	63	66	78	66	67	64	70
At 3 P. M.....	64	68	65	67	64	65	70
Mean.....	57.75	60.50	68.	58.25	59.	59.50	63.50
<i>Barometer.</i>							
At 12 M.....	30.4	30.3	30.	30.2	30.4	30.3	30.1
Germantown, Pa.				B. J. LEEDOM.			

MEDICAL DEPARTMENT OF THE UNIVERSITY OF VERMONT,

AND

State Agricultural College,

BURLINGTON, VERMONT.

The next Annual Course of Lectures in this Institution will commence on the first Thursday in March, and continue sixteen weeks.

FACULTY:

JAMES B. ANGELL, A. M., President.

SAMUEL WHITE THAYER, M. D., Burlington, Professor of General and Special Anatomy.

WALTER CARPENTER, M. D., Burlington, Professor of Theory and Practice of Medicine, and Materia Medica.

JOSEPH PERKINS, M. D., Castleton, Professor of Obstetrics and Diseases of Women and Children.

HENRY M. SEELY, M. D., Middlebury, Professor of Chemistry and Toxicology.

JOHN ORDONAU, M. D., New York, Professor of Physiology and Pathology.

ALPHEUS B. CROSBY, M. D., Hanover, N. H., Professor of Principles and Practice of Surgery.

CHARLES PAINE THAYER, M. D., Quincy, Mass., Demonstrator of Anatomy.

S. W. THAYER, Burlington, Dean of Medical Faculty.

FEES:

Matriculation (paid but once).....	\$5 00
For full Course of Lectures.....	70 00
Third Course Students.....	20 00
Graduation.....	25 00

Ample supply of Dissecting Material at cost.

For further information, address

502-531

Dr. S. W. THAYER, Dean,
Burlington, Vt.

SURGICAL INSTRUMENT MAKER.—LOUIS V. HELMOLD, No. 135 South TENTH Street (opposite the Jefferson Medical College), Philadelphia, manufactures and keeps constantly on hand a general assortment of SURGICAL INSTRUMENTS, of the finest quality and most approved patterns.

173

PHILADELPHIA

SUMMER SCHOOL

OF

MEDICINE.

No. 920 Chestnut Street, Philadelphia.

ROBERT BOLLING, M. D.

JAMES H. HUTCHINSON, M. D.

H. LENOX HODGE, M. D.

EDWARD A. SMITH, M. D.

D. MURRAY CHESTON, M. D.

HORACE WILLIAMS, M. D.

The Philadelphia Summer School of Medicine will begin its third term on March 1st, 1867, and students may enjoy its privileges without cessation until October.

The regular Course of *Examinations* and *Lectures* will be given during April, May, June, and September.

FEE, \$50.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, and in Practical Obstetrics. They will be enabled to examine persons with diseases of the Heart and Lungs, to attend women in confinement, and to make microscopical and chemical examinations of the urine. The class rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text-books, Microscope, Chemical Reagents, etc., will be constantly open for study.

SURGICAL DISEASES OF WOMEN. A Course of Lectures will be delivered by H. LENOX HODGE, M. D., on Displacements and Flexions of the Uterus; Inflammation of the Uterus; Polypi; Fibrous Tumors and Cancer of the Uterus; Inflammation of the Ovaries; Tumors of the Ovaries; Ovarian Dropsy; Sterility; Vesico-Vaginal and Recto-Vaginal Fistulae.

PERCUSSION AND AUSCULTATION in Diseases of the Lungs and Heart will be taught by JAMES H. HUTCHINSON, M. D., by Lectures, and by the Clinical Examination of patients.

WINTER COURSE OF EXAMINATIONS will begin with the Lectures at the University of Pennsylvania in October, and will continue till the close of the session.

Candidates for admission to the Army or Navy, and those desiring promotion to a higher grade, may obtain the use of the Class Rooms, and be furnished with private instruction.

Fee for Office Students (one year), \$100.

Fee for one Course of Examinations, \$30.

Class Rooms, No. 920 Chestnut St., Philadelphia.

Apply to

H. LENOX HODGE, M. D.,

479-530*

N. W. corner Ninth and Walnut Streets.

REAL ESTATE COLUMN.

FOR SALE.—The residence and good will of a large practice of a physician, residing in the pleasant village of Broadway, N. J., with excellent country practice connected therewith. The office attached, and all necessary outbuildings, with five acres of the best of land, with fruit, etc. Possession given immediately.

P. G. CREVELING, M. D.

A RARE CHANCE.

A large and profitable medical and surgical practice is now for sale, on very reasonable terms, in the flourishing city of Syracuse, N. Y.

Address immediately,

TENOTOME,
Syracuse, N. Y.

502

FOR SALE.—The residence, farm, and good-will of a large practice of a physician, residing in a very pleasant vicinity, at the foot of a small village, lying on a turnpike leading direct from Philadelphia into the country, within a three hours' drive of the city, and within an hour's ride of three railroad stations on railways leading direct to Philadelphia, and connected with the city by a daily coach line from the principal railroad station through the village into the country and towns west of here. The practice is worth over \$1800 a year—all collectable—and by a man of proper medical qualification, and good business tact, it can be largely increased. The farm contains 26 acres of land, all under good fences, and in a prime state of cultivation. The improvements consist in a fine T-shaped stone dwelling, good large barn, with all necessary out-buildings. Reason for selling—a desire to go west. Possession given at any time between this and spring. Address this office.

502—5

JEFFERSON MEDICAL COLLEGE.

WINTER EXAMINATIONS.

Drs. DUNGLISON, DUER, MAURY, and KEEN, will commence their Course of Winter Instruction, in connection with the Lectures of the Jefferson Medical College, in October, at their Room, No. 1026 Chestnut Street. The Course will be thoroughly illustrated by a Cabinet of Materia Medica, Models, Plates, Drawings, the Microscope, Laryngoscope, Ophthalmoscope, etc.

Special instruction will be given to office pupils, to whom the Quiz will be gratis. Bedside instruction will also be given them in the Surgical, Obstetrical, and Children's Departments of the Philadelphia Hospital (Almshouse), during the services of Drs. DUER and MAURY.

Every facility will be afforded to candidates for the Army or Navy, with a Course in Bandaging and Operative Surgery.

Inst. of Medicine and Chemistry, Dr. RICH. J. DUNGLISON.
Obstetrics and Practice.....Dr. EDW. L. DUER.
Surgery.....Dr. F. F. MAURY.
Anatomy and Materia Medica.....Dr. W. W. KEEN.

FEES:

For Office Instruction (one year)..... \$100
For Winter Examinations..... 30
For further particulars, apply at their Room, No. 1026 Chestnut Street (second story), at 9 A. M., or to

RICH. J. DUNGLISON, M. D.,
No. 39 S. Eleventh Street.
EDWARD L. DUER, M. D.,
No. 1704 Arch Street.
FRANK F. MAURY, M. D.,
No. 1005 Walnut Street.
WILLIAM W. KEEN, M. D.,
No. 107 S. Thirteenth Street,
Secretary.

501—504

OUR PREPARED FLOUR OF BRAN,

For making Biscuit.

This article is, by careful manipulation, entirely freed from principles which render Wheaten Bread, and other Farinaceous preparations, inadmissible in Diabetic or Dyspeptic cases; and being finely floured, is not irritating to the mucous membranes of the stomach and bowels.

JOHN W. SHEDDEN,

Pharmacist,

363 Bowery, cor. Fourth St.,

NEW YORK.

 For sale by the leading Druggists.

501 eow. 526

THE WILLS OPHTHALMIC HOSPITAL.

Race Street, between 18th and 19th,

OPPOSITE LOGAN SQUARE, PHILADELPHIA.

A COURSE OF LECTURES ON OPHTHALMIC SURGERY

Will commence on Thursday evening, November 1st, at 8 o'clock, in the Lecture-room of the institution.

The course will embrace the most important and practical subjects of Ophthalmic science, including the *Anatomy of the Eye*, the *Physiology of Vision*, *Ophthalmoscopic Diagnosis*, *Defects of Vision*, and the *Pathology and Operative Surgery of the Eye*.

The Lectures will be made demonstrative with abundant material for illustration by dissections, models, drawings, and optical apparatus.

In addition to the evening didactic course, the Operative Clinics of the Hospital, held every Wednesday at 12, M., will present an extended field for observing the Operative Surgery of the Eye; and opportunities will be given to individual members of the class for making Ophthalmoscopic Diagnosis at the general clinics, every Tuesday and Friday at 11, A. M.

SEE, TEN DOLLARS.

R. J. LEVIS, M. D.,
Surgeon, Wills Hospital,
No. 1104 Arch Street,
Philadelphia.

499 t.f.

PHILADELPHIA SCHOOL OF ANATOMY.

College Avenue, East from Tenth St.

The Dissecting Room in this Institution, will open on September 1st, 1866. Lectures will be given during September.

The Regular Winter Course of Lectures on Special, Practical and Surgical Anatomy will begin on the 16th of October, 1866, and continue until March 1st, 1867.

Three Lectures and two examinations will be given each week, at 7 o'clock, P. M.

Fee for the Course, the same as that for Dissections and Lectures thereon in the Colleges.

R. STANSBURY SUTTON, M. D., *Lecturer*.
Office, 314 South 10th Street.

Janitor, JOHN CAMPBELL. 492—3m.

CINCINNATI COLLEGE OF MEDICINE AND SURGERY.

The Twenty-second Regular Course of Lectures in this Institution will commence on Monday, the 15th day of October, 1866, and continue sixteen weeks.

The Seventh Regular Spring Session will commence on the first Monday in March, 1867, and continue sixteen weeks.

The charges for each course will be, for

Matriculation.....	\$5 00
Professor's Tickets.....	40 00
Hospital Ticket.....	5 00
Dissecting Ticket.....	5 00
Graduation Fee.....	25 00

For particulars see announcement, for which address,

B. S. LAWSON, M. D.,
Dean.

R. C. S. REED, M. D.,
Secretary.

501—2

SURGEONS OF NEW YORK.

Price \$1.25.

A copy of this work, just issued, containing Biographical Sketches of fifteen Living Surgeons of New York, also a sketch with a fine steel portrait of the late Dr. VALENTINE MORT, will be sent for one new Subscriber to the MEDICAL AND SURGICAL REPORTER, and \$5.

[1]

PHILADELPHIA
SCHOOL OF ANATOMY & OPERATIVE SURGERY,
COLLEGE AVENUE (CHANT STREET),

Entrance, last door, North Side.

This institution is now open for the winter.

Every facility is afforded those wishing to study Practical Anatomy and Operative Surgery.

A complete course of Lectures on Anatomy, taught chiefly with reference to its surgical relations, will be delivered, commencing October 1st, to continue throughout the season. The lecture hours will be so arranged as not to interfere with those of the College Courses.

Candidates for admission or promotion in the Army or Navy will find in the Private Operating Rooms of the School means for thorough preparation.

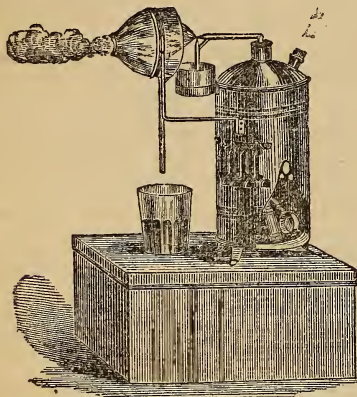
TICKETS \$10.00.

For further information, apply to

HARRISON ALLEN, M. D., *Lecturer*,
21 North Tenth Street;

Or, D. D. RICHARDSON, M. D.,
No. 603 Spring Garden Street.

497—503



THE NEPHOGENE.

The most compact, complete, and *cheapest* steam apparatus yet devised for atomizing medicated fluids for inhalation.

Securely packed for transportation in a metallic box, which also serves for a stand when the instrument is in use, and obviates the necessity of any additional fixtures. Can be used with any kind of atomizers.

Sent by express, on receipt of the price, to any part of the United States and Canada.

Price, \$10. Extra Face Protectors, \$1.00.

Every instrument will be thoroughly tested and warranted perfect in every respect.

"MASSACHUSETTS GENERAL HOSPITAL,
Boston, June 11, 1866.

WILLIAM READ, M. D.:

Dear Sir—The apparatus for atomizing medicated fluids for inhalation, arranged under your direction, has been used for some time in the hospital with entire success. It is perfectly safe, compact, and easily applied. I take pleasure in saying that it is the simplest and most convenient atomizer I have ever yet seen.

Yours very truly,

BENJAMIN S. SHAW, M. D.,

Resident Physician and Superintendent,
Massachusetts General Hospital."

WILLIAM READ, M. D.,
873 Washington Street,
Boston, Mass.

485

DUNGLISON'S MEDICAL DICTIONARY.

New Edition. Price \$6.

Five new Subscribers to the MEDICAL AND SURGICAL REPORTER and the amount for a year (\$25), will secure a copy of this valuable work.

X

UNION MUTUAL LIFE INSURANCE COMPANY,

OF MAINE.

INCORPORATED 1848.

Director's Office, 80 WASHINGTON STREET, BOSTON, MASS.

HENRY CROCKER, *President*.

W. H. HOLLISTER, *Secretary*.

Philadelphia Office, 129 SOUTH SEVENTH STREET.

ASSETS.....	\$1,842,820 29
PAID LOSSES BY DEATH.....	948,292 00
DIVIDENDS PAID.....	435,722 00

16 Annual Dividends,

AVERAGING FORTY PER CENT.,

Have been made.

All profits are divided among

POLICY HOLDERS.

Active and efficient agents wanted throughout the State.

PERCY B. SPEAR,

Agent and Attorney,

129 South Seventh Street.

498—524

THE CONNECTICUT MUTUAL LIFE INSURANCE COMPANY

IS THE LARGEST IN AMERICA.

It has the largest amount insured.

It has the largest surplus.

It has the largest income.

It has the largest business.

It has the lowest average expenses.

It obtains the highest rate of interest on its investments.

(See *Massachusetts Insurance Reports*.)

It therefore affords Life Insurance at less cost than any other Company

DIVIDEND OF 1866,

(NOW BEING PAID.)

SIXTY PER CENT.

All Policies issued by this Company are either

NON-FORFEITABLE

by their terms, or may be converted into those which are non-forfeitable, at the option of the insured.

WALTER H. TILDEN, *Agent*,

404 Walnut Street,
Philadelphia.

472—501*

STRUMATIC SALT,

From Mineral Springs, containing

IODINE AND BROMINE,

MANUFACTURED BY THE

PENNSYLVANIA SALT MANUFACTURING
COMPANY.

We would bring to the notice of physicians the virtues of

STRUMATIC SALT,

in the treatment of Scrofula and other kindred diseases.

It contains a considerable amount of Iodides and Bromides—combined with other salts—such as Chloride of Magnesium, Iron, Potassium, Sodium, and used in the form of baths, becomes a very acceptable substitute in diseases where their internal use is contra-indicated.

The Salt is prepared from the menstuum of Salt-wells of the Pennsylvania Salt Manufacturing Co., and every attention has been given to their purity.

The application of Strumatic Salt Baths is especially to be suggested in enlarged glands, and in that depraved condition of blood in which an alterative and tonic treatment is so much needed; in Rheumatism, it is especially adapted, in tertiary syphilis, cutaneous diseases, and diseases of the bony structure.

Depot for the sale of the Strumatic Salt, at

320 Race street, Philadelphia.

For sale by

H. CRAMER.

—453—504

NATIONAL MEDICAL COLLEGE.

MEDICAL DEPARTMENT OF COLUMBIAN
COLLEGE—SESSION OF 1866-67.
WASHINGTON, D. C.

The Forty-fifth Annual Session of the National Medical College will begin on MONDAY, the 15th of October, 1866, and end on the 1st of March, 1867. A general introductory to the Course will be given, after which the regular Lectures will continue, commencing at 4, P. M., daily.

FACULTY:

THOMAS MILLER, M. D., Emeritus Professor of Anatomy and Physiology, and President of the Faculty.

WILLIAM P. JOHNSTON, M. D.,* Emeritus Professor of Obstetrics and Diseases of Women and Children.

JOHN C. RILEY, M. D., Professor of Materia Medica and Therapeutics.

NATHAN SMITH LINCOLN, M. D., Professor of Surgery.

GEORGE C. SCHAEFFER, M. D., Professor of Chemistry.

GEORGE M. DOVE, M. D., Professor of Theory and Practice of Medicine.

JOHN B. KEASBEY, M. D., Professor of Obstetrics and Diseases of Women and Children.

JOHN ODRONAUX, M. D., Professor of Medical Jurisprudence and Hygiene.

THOMAS R. CROSBY, M. D., Professor of Military Surgery.

J. FORD THOMPSON, M. D., Professor of Anatomy and Physiology.

H. P. MIDDLETON, M. D., Adjunct to Chair of Obstetrics and Diseases of Women and Children.

S. J. TODD, M. D., Adjunct to Chair of Surgery.

A. F. A. KING, M. D., Adjunct to Chair of Materia Medica and Therapeutics.

J. T. YOUNG, M. D., Adjunct to Chair of Theory and Practice of Medicine.

WILLIAM LEE, M. D., Adjunct to Chair of Anatomy and Physiology.

D. WEBSTER PRENTISS, M. D., Adjunct to Chair of Chemistry.

WILLIAM B. DRINKARD, M. D., Demonstrator of Anatomy.

FREDERICK SHAFHIRT, M. D., Curator of Museum.

The entire expense for a full Course of Lectures

by all the Professors is..... \$105 00

Single tickets..... 15 00

Practical Anatomy, by the Demonstrator..... 10 00

Matriculating Fee, payable only once..... 5 00

Graduating Expenses..... 30 00

For further information, address

JOHN C. RILEY, M. D., *Dean*,

No. 419 New York Avenue,

495-505

Between Fourteenth and Fifteenth Streets.

* Professor JOHNSON will deliver the Lectures on Difficult and Instrumental Labor.

WAR DEPARTMENT, SURGEON-GENERAL'S OFFICE,

WASHINGTON, D. C., August 10th, 1866.

An Army Medical Board, to consist of Brevet-Colonel J. B. Brown, Surgeon, U. S. A.; President; Brevet Lieutenant-Colonel H. R. Wirtz, Surgeon, U. S. A.; Brevet Lieutenant Colonel Anthony Heger, Surgeon, U. S. A.; and Brevet Major Warren Webster, Assistant-Surgeon, U. S. A., Recorder, will meet in New York city, on the 20th of September, next, for the examination of candidates for admission into the Medical Staff of the U. S. Army.

Applicants must be over 21 years of age, and physically sound.

Applications for an invitation to appear before the Board should be addressed to the Surgeon-General, U. S. A., and must state the full name, residence, and date and place of birth of the candidate. Testimonials as to character and qualifications must be furnished. If the applicant has been in the Medical Service of the Army during the war, the fact should be stated, together with his former rank, and time and place of service, and testimonials from the officers with whom he has served should also be forwarded.

No allowance is made for the expenses of persons undergoing the examination, as it is an indispensable prerequisite to appointment.

There are at present sixty vacancies in the Medical Staff, forty-six of which are original, being created by the Act of Congress, Approved July 28th, 1866.

JOS. K. BARNES,
Surgeon-General, U. S. A.

VACCINE VIRUS FROM KINE.

Securely mounted for distant places.

One crust, or one capillary tube of liquid lymph, \$2.00 each.

EPHRAIM CUTTER,

Ex. off. a Vice-President of the

Mass. Medical Society,

Address, 13 Pemberton Square,
Boston, Mass.

489 t.f.

DR. RICHARDSON'S QUIZ,

IN CONNECTION WITH THE

LECTURES DELIVERED IN

JEFFERSON MEDICAL COLLEGE,

Is held every morning, commencing at a quarter before nine o'clock, in the rooms at the UPPER END OF CHANT STREET, entrance from Tenth, between Market and Chestnut Streets.

Medical Students visiting the city are invited to attend.

494-502

PRACTICAL INSTRUCTION IN THE TREAT-
MENT OF DISEASES OF THE LARYNX,
TRACHEA, POSTERIOR NARES, ETC.;
WITH THE USE OF THE
LARYNGOSCOPE.

The undersigned is prepared to teach LARYNGOSCOPY and RHINOSCOPY to physicians and advanced students.

A well attended daily clinic affords an admirable opportunity for practical experience in the manipulation of instruments.

TERMS:

In Classes..... \$15 00

Private Tuition..... 40 00

488

SOLIS COHEN, M. D.,
1106 Walnut Street

CASH CAPITAL, \$200,000.

THE UNITED STATES ACCIDENT INSURANCE COMPANY,

of Syracuse, New York, insures against

DEATH FROM EVERY CAUSE,

Whether ACCIDENT, CHOLERA, or DISEASE of any kind, with weekly compensation for DISABILITY from ACCIDENT.

COMBINED POLICIES FROM ONE TO FIVE YEARS.

ACCIDENT POLICIES FROM ONE MONTH TO TEN YEARS.

NO MEDICAL EXAMINATION REQUIRED FOR

ACCIDENT INSURANCE.

This is the only Company authorized by its Charter to issue COMBINED LIFE AND ACCIDENT POLICIES, uniting the benefits of both Life and Accident Insurance under one policy and premium, at the lowest rates consistent with the soundness of the Company and the security of the Insured.

Rates for Accident Insurance, FIVE DOLLARS for every \$1000, with FIVE DOLLARS weekly compensation.

A deduction of TEN per cent from above rates will be made to Physicians insuring direct at this office from the General Agent.

WILLIAM A. STEPHENS,
General Agent,
501 Chestnut Street,
Philadelphia.

486-537*

VACCINE VIRUS,

FRESH FROM HEALTHY WHITE CHILDREN,

FOR SALE BY

BULLOCK AND CRENSHAW,
Arch and Sixth Street,
PHILADELPHIA.

485-539

Price, \$1.50 per crust.

494-502

BELLEVUE HOSPITAL MEDICAL COLLEGE, CITY OF NEW YORK. SESSIONS FOR 1866--'67.

The Faculty take pleasure in referring to the cumulative evidence afforded by the success of this College, in behalf of the importance of the union of clinical and didactic teaching. The class in attendance during the Session of 1865-'66 numbered 470, the number of graduates being 172. The new building within the hospital grounds affords ample accommodations.

The faculty have instituted a Summer Session, beginning on the first of April, 1867, and ending in the following July. This Session will embrace didactic and clinical lectures. HENRY D. NOYES, M. D., has been appointed Professor of Ophthalmology in the Summer Faculty: J. LEWIS SMITH, M. D., Lecturer on Morbid Anatomy, and FOSTER SWIFT, M. D., Lecturer on Diseases of the Skin. Professor W. H. VAN BUREN, M. D., has been appointed to a newly created Professorship of the Diseases of the Genito-Urinary System. Professors DOREMUS, ELLIOT, and FLINT, Jr., will, in addition to the foregoing, take part in the Summer Session. A further account of this Session, with the fees and regulations, is contained in the annual circular for 1866-'67.

The usual preliminary Autumnal Session will commence on Wednesday, September 12, 1866, and continue four weeks. Instruction during this term will, as hitherto, consist of didactic lectures on special subjects, and daily clinical lectures. The lectures in this term are given exclusively by members of the Faculties. The regular Winter Session will commence on Wednesday, October 10, 1866, and end about the first of March, 1867.

FACULTY OF THE COLLEGE:

ISAAC E. TAYLOR, M. D., President.
AUSTIN FLINT, JR., M. D., Secretary.

JAMES R. WOOD, M. D., Professor of Operative Surgery and Surgical Pathology.
FRANK H. HAMILTON, M. D., Professor of Military Surgery, Fractures and Dislocations, and the Principles of Surgery.
LEWIS A. SAYRE, M. D., Professor of Orthopedic Surgery.
ALEXANDER B. MOTT, M. D., Professor of Surgical Anatomy.
W. H. VAN BUREN, M. D., Professor of Diseases of the Genito-Urinary System.
ISAAC E. TAYLOR, M. D.,
GEORGE T. ELLIOT, M. D.,
FORDYCE BARKER, M. D., } Professors of Obstetrics and the Diseases of Women and Children.
BENJAMIN W. MCCREADY, M. D., Professor of Materia Medica and Therapeutics.
STEPHEN SMITH, M. D., Professor of Descriptive and Comparative Anatomy.
AUSTIN FLINT, M. D., Professor of the Principles and Practice of Medicine.
R. OGDEN DOREMUS, M. D., Professor of Chemistry and Toxicology.
AUSTIN FLINT, JR., M. D., Professor of Physiology and Microscopy.

N. R. MOSELY, M. D., Demonstrator of Anatomy.
J. W. SOUTHACK, JR., M. D., Assistant Demonstrator of Anatomy and Prosector to the Chair of Operative Surgery and Surgical Pathology.
A. W. WILKINSON, M. D., Assistant to Chair of Chemistry and Toxicology.
HENRY G. PIFFARD, M. D., Assistant to Chair of Principles and Practice of Medicine.
LUCIEN DAMAINVILLE, M. D., Assistant to Chair of Military Surgery, etc., etc.

Fees for tickets to all the lectures during the Autumnal and the Regular Winter Session*.....	\$140 00
Tickets for any of the several departments may be taken out separately.	
Matriculation Fee.....	5 00
Demonstrator's Ticket.....	10 00
Graduation Fee.....	30 00

Students who have attended two full courses in other accredited schools receive all the tickets for \$70, exclusive of the Matriculation Fee. Students who have attended two full courses in this College, or after one full course in this College, having previously attended a full course in some other accredited schools, are required to matriculate only. Graduates of other accredited schools, after three years, dating from the time of graduation to the end of the term, are required to matriculate only; prior to three years they receive a general ticket for \$70.

Payment of Fees is invariably required at the commencement of the Session. There are no exceptions to this rule.

Students on arriving in the city are requested to report at once at Bellevue Hospital, situated on the East River, between 26th and 28th Streets, and inquire for the Janitor of the College, who will take pains to aid them in securing comfortable accommodations without delay. Entrance to the Hospital is on 26th Street.

For the Annual Circular giving further information, address the Secretary of the Faculty, Prof. Austin FLINT, Jr., Bellevue Hospital Medical College.

* The fees in this College are raised in common with the Colleges of New York and Brooklyn, Philadelphia and Boston.

THE MEDICAL AND SURGICAL REPORTER.

No. 503.]

PHILADELPHIA, OCTOBER 20, 1866. [Vol. XV.—No. 16.

ORIGINAL DEPARTMENT.

Communications.

VESICO-VAGINAL FISTULA:

Its History and Treatment.

By D. HAYES AGNEW, M. D.,

Demonstrator of Anatomy and Assistant Lecturer on Clinical Surgery in the University of Pennsylvania; one of the Surgeons of the Pennsylvania Hospital; and one of the Surgeons of the Wills Hospital for Diseases of the Eye.

(Continued from page 313.)

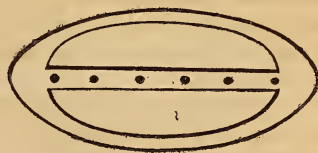
Report of Cases of Vesico-Vaginal Fistula Successfully Treated, and which have furnished the basis of the previous papers.

Case 1. F. H. was admitted into the Philadelphia Hospital, Blockley, suffering from a vesico-vaginal fistula. The following account of the accident was obtained from the patient: In January, 1858, she gave birth to a child. Her labor was exceedingly difficult and prolonged, to aid which ergot was freely administered by her medical attendant. After delivery, for several days she was unable to pass urine; which, continuing to accumulate, and not being relieved by instrumental interference, she suddenly felt a large gush of water escaping from the vagina, since which time the urine continued to flow by this route. In May, 1858, her physician performed an operation for her relief. This failing, a second was tried, two or three weeks subsequently, with a similar result. The operation adopted was, I presume, that of Dr. SIMS, with the addition of the BOZEMAN button, as she described the employment of silver wires, and a lead plate. Since the accident, she informs me she has not menstruated; but alleges, that when the period comes round, a very copious flow of urine takes place, and continues for two or three days. I was invited to see her, July 1st, 1859, by Dr. R. K. SMITH, Chief Resident Physician; and in company with himself, and Dr. ELWOOD WILSON, made an examination. An extensive transverse rent was discovered, extending from one side of the vagina to the other, and situated at the base of the bladder. Through this protruded a considerable mass of the mucous membrane of the bladder. At the request of Dr. SMITH, and her own

earnest entreaty, I consented to attempt her relief by an operation.

On the 23d of August it was performed in the presence of Drs. SMITH, WILSON, LEVIS, McCLELLAN, DARBY, NICHOLS, and the internes of the house, the bowels having the day previous been well emptied. The steps of the operation consisted in placing the patient under the influence of ether, turning her over, supported on the arms and knees, and exposing the fistula by inserting rectangular or lever speculæ along the walls of the vagina, which enabled the assistants to draw the parts well asunder. The edge of the fistula was next seized with a pair of long rat-toothed forceps, and well pared by means of a long-handled straight bistoury. As soon as the bleeding ceased, nine stitches of silver thread were inserted, the needles being guided by the needle-holder of Mr. GEMRIE, (see Fig. 46, page 273.) The wires being brought out of the vagina, the opening was drawn together by passing the two ends of each through an adjustor, which was slid down to the wound, while the threads were firmly maintained between the fingers. Not being altogether satisfied with the principle of the BOZEMAN button, as it prevented the operator seeing the approximation, I had a fenestrated one constructed out of lead (Fig. 60.) Through the perforations in its centre-bar the wires were next passed,

Fig. 60.



the button run down over the line of adjustment, and there maintained by passing the ends of each suture through a perforated shot, which, being slipped down in contact with the button, was there secured by compressing it between the blades of a strong pair of forceps. The wires were next collected together, brought out of the vagina, and wrapped with adhesive plaster to prevent excoriation; and finally, the patient placed in bed, on her side, a catheter (SIMS') was introduced into the bladder, and the urine

received on cloths placed beneath the end of the instrument. Half a grain of opium was directed to be given twice daily, and the diet to consist chiefly of arrow-root and cream. The catheter was to be closely watched that it should not become obstructed, to obviate which, it was to be removed once or twice a day, and cleansed. No constitutional disturbance occurred, nor was there any local soreness experienced. On Wednesday afternoon, September 1st, being ten days after the operation, I proceeded to remove the button and sutures, when the union was found to be complete. As a precautionary measure the catheter was directed to be worn eight days longer. On the twelfth day her bowels were opened, and again locked up for five or six days. Ten days after the removal of the ligatures she was allowed to rise from her bed and walk about.

Case 2. A. M., an Irishwoman, about thirty years of age, during a severe labor with a first child, ruptured her uterus, the child escaping into the abdomen. The foetal head had not passed below the superior strait of the pelvis, the diameters of which were contracted. The case being under the care of the medical officers of the Nurses' Home, Dr. E. WILSON was immediately summoned to her aid by the attending physician, Dr. SCHOLFIELD. The propriety of the *abdominal section* admitted of no question. The operation was accordingly performed by Dr. WM. BYRD PAGE, the child removed through the parieties of the abdomen, and the life of the mother preserved. Sometime afterward it was discovered the rent in the uterine walls had extended through the cervix and involved the vagino-vesical septum, giving rise to a fistula. After the restoration of the woman's general health, she was placed in St. Joseph's Hospital, and at considerable intervals three unsuccessful attempts were made to close up the orifice, which was situated near the cervix uteri, and running in an oblique direction, about three-quarters of an inch in extent. Two of these operations were skilfully performed by the BOZEMAN method, employing as a retentive mechanism a lead plate or button. The patient was afterward placed in the Philadelphia Hospital, under my charge, where, after some preliminary treatment to improve her general condition, she was operated on by my usual method, seven silver sutures being required to close it properly. On the eighth day the stitches were taken out, and the wound found to be only about one-half closed. On carefully examining the parts, and reflecting over the former failure, I thought I discovered the true source of difficulty, which subsequent events confirmed. The prox-

imity of the fistula to the cervix uteri, the latter organ being somewhat retroverted, prevented an accurate adjustment; indeed the os was turned into the fistulous opening, and pressed toward the bladder. Profiting by this observation, at the second operation, undertaken nine weeks subsequently, I determined to turn the os into the opening permanently. With this end in view, the inferior semi-circumference of the fistula was well pared. Next the posterior half of the cervix uteri, after which eight silver sutures were introduced, and secured by the shot, the ends of the wire being cut off close to the latter. The os uteri was by this method turned into the bladder. Nothing worthy of note transpired during the subsequent progress of the case. On the eighth day following the operation the parts were examined with a view to remove the ligatures, which were found in such excellent position, without any surrounding irritation, that, at the suggestion of Dr. E. WILSON, who rendered me valuable service in both operations, I was induced to allow them to remain for two days longer. On the tenth day they were clipped out, and to our great satisfaction the fistula closed. Since that time this woman has menstruated regularly through the bladder; enjoyed comfortable health; been able to support herself as servant to a private family, and certainly rid of a most distressing and disgusting malady. Two years after I operated on this same patient for strangulated umbilical hernia, from which she recovered without any unusual symptoms. It is not often we meet with an example of so many grave accidents, operations, and good recoveries, in one person, as are presented in the narrative of this poor, friendless Irish-woman.

Case 3. Catherine —, a young woman aged 19 years, was seized with labor-pains, September, 1858, at the Philadelphia Hospital. In consequence of the great size of the foetal head, it became completely impacted in the pelvic cavity. After ineffectual efforts to deliver with the forceps, the operation of craniotomy was resorted to by Dr. R. K. SMITH, Chief Resident Physician, and the child readily removed. In consequence, however, of the prolonged pressure sustained by the anterior wall of the vagina, a slough in a few days separated, opening a communication between that cavity and the bladder, through which the urine flowed. An examination, some weeks after, showed not only the existence of this fistula, but the canal of the urethra closed by inflammatory deposit. A trocar was at once carried through the obstructing material into the bladder, followed by a catheter, which was re-

tained for eight days, only being removed for the purpose of cleansing. In this manner the urethra was restored.

On the 16th of December following, the parts having become sufficiently callous, an operation was performed for her cure; her bowels being well opened the day previous, after which 1½ grains of opium were administered.

She was placed under the influence of a mixture of ether and chloroform, turned upon her abdomen, over a stool well protected, the limbs being supported by two assistants, and the parts exposed by a Sims' speculum. The fistula, which was transverse through the *trigone vesicæ*, and exceeding an inch in its greatest diameter, could now be well seen. The edges were seized with the long rat-toothed forceps, and with a long, straight, sharp-pointed bistoury, pared in their whole extent. Seven needles, slightly curved at their points, each armed with a silver thread, were carried successfully, by means of the needle holder figured in cut No. 46, through the edges of the wound, down to, but not into the vesical mucous membrane. These sutures being brought out of the vagina, were passed through the adjuster, in succession, and drawn upon as the latter was passed down, thus approximating the edges very completely. Perforated shot were next run down over the wires, and clamped by means of the compressor. The sutures were now twisted together, and passed through a small tube of rubber to protect the parts, and the catheter carried into the bladder, to which was attached a flexible piece of gum elastic tubing, designed to convey the urine into a bottle, properly placed between the limbs of the patient for its reception. The patient being placed in bed, an anodyne was administered; the whole time consumed, including etherization, did not exceed one hour. Everything progressed favorably until the third day, when, notwithstanding opium had been given to keep the bowels in a quiescent state, diarrhoea, attended with considerable straining, came on, but which was at length controlled by enemata of laudanum. To make the case more embarrassing, a cough, which she had been troubled with for some time previous to the operation, harassed her so much, notwithstanding the free administration of opium, as sometimes to drive the catheter out of the bladder.

On December the 27th, ten days after the operation, the sutures were removed, and the wound found to have united, save at one single point, which was subsequently and permanently closed by a single stitch. The catheter was kept in the bladder a few days longer, in order not to en-

danger the cicatrix. This patient was watched with great care by Drs. DARBY, RICHARDSON, and TAYLOR.

Case 4. Mary H—, aged 25 years; unmarried, temperate, and a Philadelphian by birth, was received into the Philadelphia Hospital in September, 1858, pregnant. This was her second pregnancy. In her first labor, she states she was brought to bed on Monday morning, and delivered the following Thursday morning of a still-born child; the delivery being brought about, as she says, by the physician in attendance using "forcing powders."

On the 29th October, 1858, at 3½, A. M., labor commenced. At 6 o'clock, P. M., it was sufficiently advanced to establish the existence of a breech presentation in the first position. At 2, P. M., the foetus was expelled as far as the umbilicus; the limbs being much discolored from long-continued pressure in the pelvic cavity. The delivery of the head was delayed by the chin leaving the breast, requiring finally the agency of the blunt hook to bring it down; the labor being completed at 5 o'clock, making from its commencement thirty-seven hours and a half. Alarming hemorrhage followed, which was arrested by the removal of the placenta, frictions over the hypogastrium, and ice. The child weighed 9½ pounds, and measured 22 inches in length. For twenty days the woman passed her urine naturally, and without pain or difficulty. On the twenty-first day it commenced to flow through the vagina; a slough having separated, and formed the fistula. Its situation was at the *trigone vesicæ*, and about six lines in its greatest diameter.

On the 14th of February, 1859, the parts having attained the requisite healthy conditions, the operation for cure was executed. An aperient was given the day previous. The woman was placed under an anæsthetic of ether and chloroform, (three parts of the former to one of the latter, by weight,) turned over the padded stool on her abdomen, the hips being well elevated, and the fistula being exposed by introducing into the vagina the duck-bill speculum. The edges were next extensively denuded, and after the bleeding ceased, five silver sutures were inserted, and their ends brought out of the vagina, and the edges closed by the adjuster. Over each was passed a shot, and the stitch made secure by the compressor clamping it on the wires. The sutures were gathered together, and passed through a piece of elastic tubing; the woman placed in bed, and the catheter at once inserted into the bladder, over the end of which was slipped the

light gum-elastic tube, to convey the urine into a bottle properly placed in the bed. The bowels were controlled by opium, one-half grain, three times a day, for two days; after which, the one-third of a grain three times a day. The diet consisted of nutritious broths, with some farinaceous articles. Nothing unusual occurred; and on the eighth day the stitches were removed, and the cicatrization found to be complete. The bowels were gently open on the ninth day, and the catheter continued five days longer. On the sixteenth day she was allowed to sit up, and on the twentieth day permitted to exercise in the ward.

This case was reported in detail, by Dr. DAREY, in whose care the patient was, MED. AND SURG. REPORTER, vol. 1, page 435.

[To be continued.]

PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS OF THE TRUNKAL MUSCLES, WITH THE THERAPEUTIC INDICATIONS INVOLVED.

By E. P. BANNING, M. D.,

Of New York.

(Continued from p. 293.)

Of the Second Indication in Uterine Displacements.

Having shown that visceral weight is either a primary or a culminating agent in uterine displacements, and that to remove this influence by correcting the trunkal bearings, is the first indication, we come next to consider the second indication in such cases.

Notwithstanding it has become a historical truth, that the mechanical combination above described will summarily and permanently relieve a large majority of the cases of uterine displacement, still there are cases in which it not only fails to relieve, but actually aggravates, and I have gradually come to look on such a fact as a presumptive proof that the case is complicated with some abnormal organic condition of the uterus, or else with procidentia, versions, or flexions.

Of Procidentia.

If a blind digital examination shows the uterus to have penetrated or protruded through the meatus externus, the cause of the failure is explained by the fact, that the uterus is so far below the supporting action of the brace, or of even the muscles themselves, as to be forced downward, much as a ligature around a bladder of water would force toward both extremities. Thus we see that until some temporary *boosting* support has elevated the uterus and bowels to the

working axis of the muscles and the brace, either or both of the above must stop short of their end.

The Bifurcated Elevator.

In undertaking to elevate the uterus temporarily to the supporting axis of the brace, our attention is confined to two points, viz., 1st, the effectual accomplishment of the fact; 2d, the doing of it in the interest of the returning energy of the overtaxed and distended tissues of the vagina, perineum, and vulva; and, in obedience to the latter point, we are at once and forever repelled from the use of any pessary which owes all of its power to its distending action, and to its resting for a fulcrum upon parts which themselves need supporting. Accordingly, as the necessity was imminent, I have constructed—1st, what I denominate a *bifurcated uterine elevator*. It is mounted upon a small vertical shaft, which is capable of being elongated or shortened to suit. From the top of this bifurcate are two gold springs, on the top of each of which are fastened two quarter-segments of a circle, one of them adapted to support the vaginal cul-de-sac behind, and the other in front of the cervix, without touching the uterus, and leaving the cervix to depend between. At the protruding extremity of the shaft is placed an accommodation vulva-guard, to prevent undue internal pressure upon the cul-de-sac, and also to allow of defecation and micturition whilst the instrument is intact. This arrangement is retained in situ by means of a thin, curved, and flexible spring, which, at its upper end, is attached to the brace in front, and at its inferior extremity, to the shaft.

When duly connected and upon the lady, the combined action is as follows, to wit. The brace pushes forward the dorso-lumbar spine, poises the chest behind the spinal axis, and elevates the abdominal viscera, leaving the elevator to contend only with about two ounces of uterine weight. Next, the bifurcated balance is elevating the uterus without touching it, by a gentle and undulating pressure upon the cul-de-sac, thereby not only bringing the uterus within the supporting action of the external brace, but also resting the exhausted and elongated uterine ligaments, and favoring their recuperation, as temporary recumbency restores the energies of tired legs and a weak spine. Next, it has so elongated the vagina, by elevating its floating extremity, as to invite it to contract transversely around the vertical shaft, and thereby to provoke its tonic contraction, close its exhalents, and promise to reinstate a vigorous condition of those tissues.

And lastly, the perineum and vulva are left without one scruple of pressure upon them from within, either by sinking viscera or pessaries, but on the contrary, are actually *supported* from without by a hard and incorruptible substance, which neither heats nor absorbs, but acts as a stimulant and quickener to the contractility of texture.

Of the Oval Ring Elevator.

To the same end, I construct what I denominate the *oval ring elevator*, which differs from the bifurcated one by being mounted with an entire ring, instead of two open segments of a ring. It is made oval, in accommodation to the thin and wide form of the uterus, and its orifice is so ample as to allow the entire uterus to settle through it, without any friction. Under certain circumstances, it is less liable to irritate the cul-de-sac, because the pressure-surface is larger and more uniform than that of the bifurcated instrument, and, on the whole, it is my favorite elevator in procidentia. Being much smaller than the *ring pessary*, and crowded upward from an external and aggressive base, it is not at all liable to the objections urged against the latter instrument.

Of the Cup Elevator.

But notwithstanding, in ordinary cases, the bifurcated instrument, has been my favorite, in consequence of its leaving the os and cervix untouched, and may be worn with a highly irritable, ulcerated, or congested state of the uterus, and leaves it eligible to simultaneous treatment—there are conditions which more or less interfere with its free and continuous use, such as the following, viz., an ulcerated or inflamed condition of the superior vagina, and an irritable or congested state of the ovaries and Fallopian tubes. On several occasions, for the above reasons, I have been compelled to desist from the use of the bifurcated elevator, and resort to what I denominate the *cup elevator*. It is in all respects precisely like the bifurcated one, except in this, that at its superior extremity there is a *cup*, which receives the cervix, giving little or no pressure upon the os, but supports chiefly at the shoulders of the uterus.

I have now treated a large number of cases of procidentia by the brace, in combination with one of these forms of the elevator, without one single failure, and without the exercise of a large amount of ingenuity. Out of the whole number, I select the two following on account of their extreme character.

Case 1. Aged 62, of ten years' standing; said, "For years she dreaded to rise, as she was so

'inside-out' that her clothes stuck to her." This case was attended with the usual melancholy, "heat in top of the head," (nearly a pathognomonic in uterine displacements,) "dreadful sense of sinking at the pit of stomach," and urinary derangements, alternately between incontinence and retention, threatened paralysis of the legs, etc. An examination showed a tumor protruding between the thighs, fully the size of an infant's head. "Been so many years; remained so night and day." On making a little judicious effort, the tumor returned within the meatus, with a jerk.

To this lady the brace and elevator (combined) were applied. Shortly after, I was amused at her frequent sitting and standing, and at length, letting herself upon the sofa with a jolt, "to see if it was a *fact*, that she was really put together again." But a few days since this lady remarked, "It answers, and more than answers." "It supports me, bodily and morally, for my religious enjoyments were all clouded over, but have brightened again."

Case 2. A widow, at service in a five-story house in this city, had gradually, under hard service, been brought to her bed. After a treatment of some months, by every imaginable pessary, and the most active constitutional means, I was called, and found the following condition, viz. The most remarkable flabby and unresisting state of the vulva, perineum, and vagina, and the uterus, even during recumbency, pressing at the meatus. On her rising to her feet, but for one moment, the uterus, vagina, and bladder came through the vulva, inducing syncope. In this case every conceivable sympathetic concomitant of procidentia was present, such as great heat in crown of the head, dizziness, confusion of ideas, and treacherous memory; also that uncontrollable despondency concerning all things, temporal and spiritual, which usually attends such cases; limbs were numb and tremulous on standing, feet were cold. Had misery in her "back," (placing her hand on her dorso-lumbar spine,) disposition to urinate continuously, in connection with the ever-present *goneness* at the stomach and sides, with feeling as though she had a "flat-iron in the bottom of her stomach."

In this case the abdominal and spinal shoulder-brace was applied with comfort to the "broken back and all-gone stomach," but with no relief to the procidentia. Simply because the uterus and inferior small intestines occupied below the axis of the brace, and compelled the latter to cut much like a ligature around a bladder of water, *i. e.*, to press down upon the pelvic

contents, whilst it supported the superior abdominal organs. In this emergency, the elevator was attached to the brace in such a manner as to support the cul-de-sac, and carry the uterus to situ. Here the relaxation was so great, and the sympathetic concomitants had taken so deep a hold upon the patient's nervous and mental faculties, as not to result in the *sudden* relief which I have usually noticed in similar cases. But in a few days, the woman (who had obstinately predetermined the impossibility of any "betterment") found, in spite of herself, an improvement progressing. The sequel of the case was simply this, that within about one month after the application, the patient resumed the arduous duties of cook and chambermaid of the house, and has sustained the position up to this day.

These appliances, when accurately adjusted, are always readily removed and replaced by the patient, and worn without irritation, after use for a short time. On this point I close, with the important statement that, in quite a proportion of these cases, the continued use of the elevator in a few months becomes unnecessary, and in all of them the necessity has greatly diminished.

Anteversion of the Uterus.

This is the most common complication which an examination discovers, where external support has failed in the premises. A complication which I fear is not always discriminated by some physicians, if I may judge by cases of theirs which have come under my examination. The indications of simple anteversion, of course, are plain, viz., the uterine fundus is tipped forward, and the os correspondingly tilted back; the former often pressing upon the bladder, the latter upon the rectum. This may be either with or without prolapsus. But in addition to the above obliquity, there is often so great a relaxation of the vagina, perineum, and vulva, and also so great a descent of the abdominal viscera, as to crush the anteverted uterus downward in such a way as to shove the bladder and vagina before it into or through the vulva. In this condition the vagina and bladder first meet the touch, and unless the finger is carried quite high, the uterus is not felt. This state is by very reputable physicians variously denominated prolapsus of the vagina, or prolapsus of the bladder, and this more particularly, because of the often annoying and even distressing derangement of the urinary functions. But in such cases I have seldom failed to find the uterus anteverted and closely wedged in between this

mass of cellular tissue, bladder, and vagina below, and the heavily pressing viscera above, and I never fail to see all the attendant phenomena disappear on restoring the uterus to its normal axis and attitude. In this case, the most prominent and annoying of the appearances and symptoms are only *results*, and anteversion is the real derangement, unless we go still further behind, and say it is a case of intestinal dislocation from muscular laxity.

To meet this condition, I do not find either of the elevators exactly adapted, for whilst they correct the uterine prolapsus, they are not adapted to correct the version. To meet this defect I construct what I denominate a straight balance, which, like the elevators, consists of a small vertical shaft, with a T at its upper extremity. This, when introduced, passes directly behind the pubes, and between the uterus and bladder, carrying both these organs upward in its ascent, and compelling the fundus of the former to take its normal position. Thus, as by magic, without touching the uterus or bladder, is this complicated malady corrected, 1st, by correcting the trunkal relations, and 2d, by supporting the anterior vaginal cul-de-sac, and all from an external base. This arrangement, also, after once being judiciously adjusted, and the parts have had a little time for adaptation, is both perfectly comfortable, and quite manageable by the patient. For illustrations, I refer the reader to my first paper on uterine displacements, published in the June 16th, 1866, number of the REPORTER.

Of Uterine Retroversion.

This is the third most common complication, where true abdominal and spinal support fails of success; and when it is fully established, seldom is it that external support can give more than general relief, by supporting the spine and the abdominal organs. For this, the reasons are obvious, as a simple digital examination will show. For instance, although the cervix will not always be found much *lower* in the pelvis than ordinarily, the fundus will be found to have swept backward in a circle, until it is as low and often lower, than the os, and lies usually with all of its weight, and that of the viscera, (which latter have wholly or partly caused the malposition) upon the rectum. In this horizontal, or up-and-down, and down-and-up condition, it is palpable, that however you may elevate the visceral weight from the uterus, that cannot restore the uterus to its proper axial bearings; for, in the premises, the uterus is much in the condition of a man who has fallen face up-

ard, on a side hill, with his feet or lighter part of himself, upward. In making the effort to raise his body, the feet will rise first and keep the body down, and if one should undertake to assist by lifting at the feet, and not at the head, then it will become still more impossible to rise than before. Thus then, if abdominal support should remove even the last grain of visceral weight from the retroverted uterus, (which it cannot always do,) it tends more to the elevation of the os, than of the fundus; as its *head* is down, and its *feet* up. Besides this, when the uterus is not only retroverted, but deeply prolapsed, quite frequently so large a portion of the bowels will have settled *below* the medial pelvic plane, as to be more forcibly crowded upon the uterus, than before the application of support. But in this case, with the trunkal relations properly corrected by the brace, it requires but the merest nominal vertical internal force, to turn the scales from that of *down*, to *up*. Thus then, the necessity for support, in the case and the reasons of its failure, and the indications for some pelvic make-weight, in the interest of the ascendants, are clear. What then shall be done? The trunkal bearings have been corrected by the external brace, the pelvic organs are largely freed from superincumbant burdens; the uterine ligaments and the vaginal and other pelvic tissues, have consequently to contend only with the two ounces of uterus; and we have seen, that to simply elevate the uterus bodily, in its horizontal state, does not meet the indications, and that the fundus uteri must be made, first to again sweep the same circle in the ascendant, and be made to permanently balance above the os.

How to Reposit the Retroverted Uterus,

Position. In moderate cases where there is no adhesion, I find it quite convenient to place the patient upon either side, (inclining toward the face,) with the thighs, especially the upper one, thoroughly flexed upon the body. This will enable the fingers to reach higher, and to traverse the pelvis much more fully. For the patient to incline considerably toward the face, I have found to be important, as it sensibly tends not only to remove the abdominal viscera from the uterus, but to liberate that organ, and favor the easy ascent of its fundus; also the higher exploration with the fingers, which, when long enough, are the best of all repositors. But if the uterus does not readily return to its normal axis, the patient should be placed upon her knees and face, that is, the hips should be elevated and the face depressed, as much as possible. The advantage of this posi-

tion can never be fully appreciated, but by those who have experienced it. It is often sufficient to fully reposit the uterus, for, not only is the visceral weight and juxtaposition removed by gravity, but the vacuum formed by the momentary ascent of the viscera, exerts a powerful traction upon the uterus, especially if the meatus be well opened to secure atmospheric pressure. Indeed, so effective and satisfactory has this position proved, that nothing but the repugnance of the patient to so ungraceful a position, refrains me from imposing it in all vaginal examinations in these premises.

Of the Manipulation.

Having placed the patient, when the vulva will admit of it, I have ever found it expedient to introduce both the first and second finger, as that gives at least an additional length of one inch. In pressing the finger ends close to the rectum, they come in contact with the extreme fundus of the uterus, and the pressure is effectual, not only in *elevating* the uterus, but in *turning* it. If the uterus does not move readily, time should be taken, without increase of force, always avoiding any sudden and punching action, which have often aroused either inflammation or an irritable condition, which not only gives the patient trouble, but retards and jeopardises the consummation. I find that time, patience and a gentle, but firm and steady upward pressure have brought success. Sometimes, when pushing at the fundus is unsuccessful, by placing one finger before the cervix, whilst I lift with the other at the fundus, I have had the pleasure to have the uterus, suddenly, as it were, *leap* into position.

Of Difficulties from Organic Abnormalities.

But there are frequent organic obstacles to a *ready* repositing of the retroverted uterus, which in the very nature of things, may for a time, defy the very best manipulation and require the full exercise of the highest prudence, as well as skill, to overcome, without superinducing temporary or permanent evils. First; the operation may be opposed at the threshold, by either a neuralgic, inflamed, or ulcerated condition of the vaginal cul-de-sac, which, from absolute painfulness, or the damaging action of pressure on the diseased point, render either manipulation or the permanent contact of any reposer impracticable. In this case, it is sometimes best to suspend *immediate* efforts at correcting the malposition, and turn attention to preparing the vagina (especially its cul) for the requisite handling. But it is important to remark just here, that as it not unfrequently happens that the diseased condition of the

vagina, is largely, or purely, the *result of the displacement*, the neuralgic or other diseased conditions may often disappear after judicious efforts to correct the irritating malposition, so various and damaging is an abnormal uterine position. On this account, I am in the habit of making a careful effort at a reposition, however discouraging the condition of the uterus or vagina may seem to be at first. I feel called upon to *emphasize* this latter point, inasmuch as great numbers of cases are kept hopelessly in the background for years, under the preliminary effort to remove the several diseased conditions of the uterine and pelvic tissues, which are caused and kept up, only by the malposition, and will disappear, so soon as their provocative is quieted. Nevertheless, a vigilant eye should be kept upon the effect of mechanical efforts, under such circumstances.

Of the Preliminary Treatment of an Irritable, Inflamed, or Ulcerated Cul-De-Sac,

It may not be proper for me to speak in detail, and I will only say, in general terms, that after giving attention to the constitution, I depend much more on sudden strong impressions on the vaginal sensibilities, by *blueing* (if not by blacking) the whole diseased surface, with stick nitrate of silver, and immediately following the application with the continuous contact of soothing and anodyne substances, of which, glycerine and tincture of arnica are my strong reliances. After such *decided* impressions, upon the tissues, by the caustic, I never repeat the same, until time has been given for the parts to fully recover, and show what has been the result. On this point, I respectfully submit, that it is not judicious to *repeat* caustic applications oftener than the tissues can return to their organic "statu-quo." Would it not seem, that when the applications out-run the reparative efforts of nature, we can have no certain criterion, as to the effect of the past application, and the indications for the future. Of the utility of astringents for the correction of a diseased condition of the vagina, I am unable to report satisfactorily, except as to a tonic corrugation of relaxed tissues; and I am satisfied, that much important time is often wasted in waiting on the efficacy of any simple astringent applications, before entering upon efforts to remove the irritating retroversion.

Second: A most common hindrance to progress, is a congested and sensitive condition of the uterus, (usually accompanied by enlargement,) which causes pain on attempting any force upon that organ, and here again, as in the case of a diseased vagina, both the congestion and the tenderness, in lieu of being primary, are often purely the re-

sult and not the cause of the malposition, just as swelling, inflammation and pain, result from luxation, and disappear, without treatment, on the removal of the luxation, according to the inexorable law of *primary position*. Consequently, I usually make prudent efforts at reposition, not only as a remedy for the direct effects of retroversion, but also of the congestion, tenderness, enlargement, and weight of the organ. In such a case, success will very much depend upon avoiding direct force upon the body of the uterus, and in applying it only between the extreme fundus and rectum. For in this way we obtain a greater *lever*, and a less pressing force upon the tender organ. But in this tender condition, not *much* force should be applied, and in case of no success (under evident mobility of the organ) such effort should be discontinued, and a gentle effort made from the uterine cavity. This is readily done by curving the extremity of a *Simpson's sound*, and introducing it into the uterus; then, after being certain that the sound has reached the fundus, turning the handle gently and cautiously, judging of the success of the movement upon the uterus, by keeping a finger inserted, and of the expediency of persevering, by the effect of the effort upon the patient; certain is it, that where there is much pain, and not a ready effect upon the uterus, it is best to desist at once, and do the next best thing. It is also certain, that it is not only useless, but *folly*, to be repeatedly repositing the uterus, by any means, where you are not prepared to *retain* it in situ. On this point, I am ashamed to confess, that some medical men, for months, make their daily visits, to "put the uterus in place," with as much solemnity as though, after a given number of efforts, a radical cure would be the result. If this were done *non-fec-wise*, there would be some mitigation. The fact is, that it would be just as reasonable to attempt teaching a pear to stand upon its point, by setting it up once an hour. But, if it is necessary, and is deemed *expedient* to use the sound frequently, and with considerable force, in order to reposit the uterus, there should be screwed upon the sound's point, as large a *ball* as can be readily introduced through the cervix (and it is surprising to notice the extent the cervix will relax, under frequent gentle extension) for without this expedient, are often superinduced, profuse menstruation, flooding, and inflammation, owing to the severity of pressure, by the small point of the sound. Finally, on this point, uterine hypertrophy and adhesions to surrounding parts, is a very common obstacle to repositing a retroverted uterus. Where this is evident, I have found it both irri-

tating and useless to persist in attempts at a sudden reposition of the organ, and content myself with a gradual wedging and elevating process, not attempting immediate success; but it is gratifying to see how much relief is frequently experienced from urgent symptoms, on effecting even the *slightest* elevation of the organ. It is encouraging also, to observe what a lengthening of the adhesive bands, a skilful and steady upward pressure will ultimately produce.

Of Retaining the Reposited Uterus in Situ.

The uterus once repositioned, or partially so, the work is only just commenced, as the organ must for a time be *coerced*, to remain so until the uterine *guys* shall be restored to an *equal* and *balancing* action upon the uterus; and it should be here remarked, that versions are not always so much the result of a want of *strength*, as from an unequal and *unbalanced* strength of its ligaments.

How Shall we Accomplish this Desideratum?

Surely not by pessaries of any kind, as here it is not an elevation but a *balancing* of the organ, that is required. But on examining the pelvis with the *brains*, as well as with the fingers, after the uterus has been well repositioned, the true indications in the premises will be obvious, inasmuch as the fingers will pass immediately behind the uterus, usually to its fundus, and it will also be noticed that the fingers not only shove the fundus forward into the centre of the pelvis, but also, by pressure on the *cul-de-sac*, will so tense the cervix portion of the vagina as to draw the os back, and behind the fundus. It will also be observed, that under such circumstances, the uterus is perfectly immovable. Here then is the full indication, viz., to crowd up and support the vaginal *cul-de-sac* by a slender vertical arrangement, which is supported from an external base, which shall, in the meantime, elongate and circularly contract the vagina, and rest the perineum and vulva; in a word, so act as to at once remove the immediate malady, and reinstate all relaxed tissues concerned. This I accomplish, first by the abdominal and spinal shoulder-brace as a trunkal adjuster, and next, by the curved spinal balance.

But as this part of my subject has been treated before, the reader is referred to the June 16th number of the *REPORTER*, for this balance, etc. It is only proper to add here, that since that paper was written, these principles have been practically carried out in a large number of cases; in several instances under the immediate eye, or by the *hand* of other practitioners with

exulting success; and also, that since then, quite a number of the cases previously treated, have reported themselves, to be not only benefitted, but to be so *radically cured*, as to find it unnecessary to wear the balance.

CASE of ANEURISM OF ARCH of AORTA.

By JAMES B. BURNET, M. D.,

House Physician, Bellevue Hospital, New York City.

Lawrence Fleming, 37 years of age, a native of Ireland and a laborer, was brought into ward 14 of Bellevue Hospital, on June 13th, 1866. From him was obtained the following history: Mother died of Asthma, and father of some unknown complaint. There is no hereditary predisposition to disease in the family. He formerly was in the habit of drinking a good deal, but was never prone to go to any very great excesses in his alcoholic potations. He always was a perfectly strong and well man up to nearly two years ago, when a heavy bale of cotton fell from a height upon his back, knocking him violently to the ground, from the effects of which he was obliged to stay at home in bed for three days with a severe pain in his right breast. Soon, however, he recovered perfectly from this, and remained in good health, working as usual, for about nine months, when he began to suffer from considerable dyspnoea, a sharp cutting pain in the right mammary region, extending through to the back, and a very harsh hard cough. His sputa were very offensive. At this time a small pulsating tumor made its appearance at the upper portion of the right mammary region, excessively tender to the touch, and the seat of an intense pain. This increased very slowly, the dyspnoea and the pain also slowly increasing, until the twelfth of June, when suddenly, in the night, as he rose from his bed to close the window, the tumor "blew right out" to use his own expression, and increased to an enormous size. Up to this period he had continued at his regular work, although much troubled with the shortness of breath. He immediately went to a Dispensary, and was directed to Bellevue Hospital.

Present Condition. When admitted, he presented the appearance of a well-built stout and muscular man, but his face had a puffed-up, bloated appearance. His eyes especially were very full, the vessels were congested, but the eyesight was perfect, and equally good on both sides. For somewhat over a year he has been a little deaf. There appears now, however, to be no difference in the two ears, as to the power of

hearing. On the right side occupying the infra-clavicular and part of the mammary regions, a large bulging tumor was to be seen, in which could be detected both pulsation and dilatation, but no bruit could be discovered. Percussion over the tumor gave dullness, and the integument over it was becoming discolored and assuming somewhat of a livid hue. This was much more marked later on, however. By firm pressure its size could be somewhat diminished. It was extending with considerable rapidity toward the right. No thrill was perceptible over the tumor. The right lung gave dullness on percussion at the apex anteriorly, with no perceptible respiratory murmur, and posteriorly dullness over the whole lung, together with bronchial breathing, mucous and sub-crepitant rales. The left lung is healthy, both as regards auscultation and percussion, except near the apex of the heart, where slight bronchial breathing is to be heard, and slight dullness on percussion is found. No cardiac murmur can be heard, but the impulse is very forcible, and from the position of the apex beat, there seems to be some hypertrophy of this organ. Liver normal in size. Nothing abnormal about the abdomen. Bowels are costive. Urine is passed regularly, and is healthy, having been examined both chemically and microscopically. There is no particularly unpleasant odor about his breath. Pulses are the same and weak.

The dyspnoea and pain went on increasing, and the tumor had attained an enormous size up to July 11th, when the right arm had become enormously cedematous, all pulsation had ceased in its arteries, and the surface was of a clammy coldness. The patient dozed most of the time. Breathing was performed with the utmost difficulty, and his face presented the appearance of a strangling man with eyes starting from their sockets. He passed into a state of coma and died the next day.

A *post mortem* examination was made eighteen hours after the patient's death, during my temporary absence from the Hospital, and the following description I obtained from the curator's report.

"*External appearances of the body.* Rigor mortis not well marked. Face, and neck, and right arm cedematous.

"*Post mortem appearances.* Thorax—considerable serum in pleural and pericardial cavities. *Aneurism* commencing at origin of ascending aorta, extending up to but not involving the innominate; pushing its way forward and outward, completely absorbing the third and fourth ribs, for about four inches, the short ragged

edges of the ribs projecting into the tumor. The origin of this tumor was within the pericardial sac, which was carried up over the tumor for about two inches. The innominate artery was carried nearly five inches to the left of the right sterno-clavicular articulation. The circumference of the tumor within the chest was twenty inches. Circumference of the base outside was twenty-five inches. Heart scarcely any hypertrophied, healthy, pushed to the left by the aneurism. Calibre of the trachea not diminished, but pushed back and to the left. Right lung nearly wholly solidified; sank in water. Left lung healthy, with the exception of a small spot of solidification near apex of heart. Liver and kidneys fatty."

Remarks. The case had excited considerable interest, as several distinguished practitioners of New York city had visited the man, and some were inclined to the diagnosis of malignant disease of the mammary gland involving the lung, without committing themselves to this diagnosis, while others considered it a case of aneurism of the arch of the aorta. The majority were in favor of the latter diagnosis.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
October 3, 1866.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Result of the Operation of Epithelioma, Performed September 22d.

Patrick G—, æt. 38. This patient was before the class, Saturday the 22d ult. The greater portion of his lower lip was removed on account of epithelioma of five years' standing. The union is complete, the parts adhered by the first intention. There is no deformity in the prolabium and there is a great deal of pliancy in the lip, notwithstanding that only ten days have elapsed since the operation.

The tumor was examined microscopically. All the characteristics of epithelioma were discovered, and a considerable quantity of pus was found in the bulky portion on the left side of the lip.

In cases of this kind, a recurrence of the disease is expected, sooner or later, either in the cicatrix, in the neighboring lymphatic ganglions, or in some internal organ. This case, however, is of as favorable a character as can be conceived. The long duration of the disease, the absence of complication in its neighborhood, and the excellence of the general health, are all favorable circumstances as to the danger of recurrence. Whether it will remain absent, is a question which time alone can determine. There is now and then an instance of permanent cure.

Epithelioma of Both Lips.

Samuel McK—, æt. 50. He has had an affection of the lower lip for two years. An operation was performed eleven months ago, the disease returning six weeks after. The upper lip became involved last spring. There is now not only a very large tumor involving the lower lip and chin, seated more upon the right side than on the left, but also disease of a similar kind affecting the corresponding portion of the upper lip. He has lost control over both lips. The growth on the upper lip feels a little soft, probably there is some fluid in it. The tumor on the lower lip is hard, and the surface feels rough. The pain is of a stinging character, shooting through the part with lightning-like rapidity.

He has lost a little flesh and has become weaker. His appetite is good and bowels regular. His sleep is very much disturbed by the pain, which is worse at night and in damp weather.

He was in the habit of smoking a clay pipe, with a short stem. The conclusion that the contact of this heated pipe-stem was the cause of this affection, must be accepted with great caution. There are millions of men in the world who smoke who never have cancer of the lip. The cause is hidden. Conjectures may be indulged in, but it is not possible to attain to certainty.

The disease here present is epithelioma. It has made great progress. The lower lip is involved to almost its entire extent. There is only a little portion on the left side not implicated. The disease also invades the chin, the lymphatic ganglion under the chin, and extends to the upper lip.

Interference here with the knife is out of the question, as an enormous quantity of both lips would have to be removed. If the knife be not proper, escharotics are not. The case, therefore, must be treated upon general principles, the general health must be maintained as near as possible to its natural standard, and the pain relieved by anodynes.

Mammary Cancer.

Mrs. M—. About the middle of May, last, Professor GROSS removed the left mammary gland of this woman, on account of carcinoma of that organ, of about one year's duration. The axillary lymphatic ganglions were also extirpated.

She fell out of a car eight weeks ago, striking the left breast. She has had pain there ever since, and there is now a small tumor above the lower anterior extremity of the former incision and another close by. This return of the disease is one of the usual occurrences after an operation. Mrs. M's. health, since the operation, has been excellent.

She was placed under the influence of chloroform and the small tumors removed.

Action of Iodide of Potassium Increased by Ammonia.

It is said that the action of iodide of potassium is increased and rendered more valuable when combined with ammonia, stimulating the stomach, diffusing the blood, and with it the medicine through the system, and by chemical decomposition, liberating the free iodine, and thus sending it on its salutary message.

EDITORIAL DEPARTMENT.**Periscope.****Inversion of Uterus after Delivery.**

At the late annual session of the Dublin Obstetrical Society, as published in the *Dublin Quarterly*, Dr. DENHAM reported a case, with remarks, of inversion of the uterus after delivery. Out of one hundred thousand deliveries that took place in the Dublin Lying-in Hospital, since its foundation, there was only one instance of acute inversion of the uterus. In that case a woman, nineteen years of age, thin and delicate, was delivered of her first child after an easy labor of six hours. Some slight pressure having been used by the attendant, the uterus was found suddenly to recede from the grasp, and was immediately expelled from the vagina, an inverted mass, with the placenta still attached to it. The patient became pallid, almost pulseless, and exceedingly anxious, complaining of considerable pain, and a sense of sinking. The placenta was easily separated without hæmorrhage, and the uterus returned with but little difficulty in about seven minutes. No bad symptoms followed, and she was discharged in a short time, quite well.

There are cases on record where successful attempts have been made to reduce the inverted uterus, after days, weeks, and years had elapsed.

Dr. TYLER SMITH replaced a partially inverted uterus of nearly eleven years' standing, by gradual manipulation from day to day. Mr. TEALE succeeded by similar means in a case of two and a half years' standing. Dr. SIMS, in his *Clinical Notes on Uterine Surgery*, relates two cases of chronic inversion—one of nine months' standing, in which the inversion could not be reduced, and the organ was finally removed by the écraseur; and in the other, of twelve months' standing, he succeeded, almost immediately, by compression with the hand.

Dr. DENHAM's case is in substance as follows: Jane Savage, aged 23, on admission to hospital states that she was delivered of her first child five weeks before. Membranes ruptured, and waters kept dribbling away for two days before labor set in; on third day a red discharge and labor pains came on in the evening. Weak and faint during the night, and delivered at seven o'clock the following morning, with only three or four expulsive pains. The placenta was forcibly extracted by the midwife in about ten minutes after the birth of the child, both by traction on the cord and pressure on the fundus of the uterus. While the midwife made this traction, and pressed strongly upon the belly at the same time, the patient suffered severe pain, but suddenly got relief by the expulsion of a large tumor. The placenta which was partially detached, was now entirely separated, and the uterus thrust into the vagina. The poor patient remained weak and exhausted all day, passing from one attack of syncope into another, until four o'clock, when she was seen by the Dispensary Doctor, who, unfortunately, only felt the pulse and looked at the patient, but made no examination. She remained in bed for eleven

days, and then got up a little every day, until her admission; the doctor seen her twice, but never made a vaginal examination, in fact, he never diagnosed the nature of the case. During all this time she had a continual shedding, especially at night.

She came into hospital in a most pitiable condition—pale, weak, and exhausted. Generous diet, with liberal supply of wine, citrate of iron and quinine, were prescribed, with an anodyne at bed-time, and perfect rest in the horizontal position. In four days she had sufficiently improved to allow an attempt at reduction. Fully under the influence of chloroform, she was placed on her back, the thighs flexed upon the pelvis and the legs upon the thighs. The hand was then slowly introduced into the vagina, and the fundus and body of the inverted uterus firmly grasped with the fingers and thumb. Steady gentle pressure in this way was brought to bear on the entire tumor for several minutes before any attempt was made at reduction. The tumor gradually diminished, partly from the pressure, and partly from the loss of blood, which was very considerable. Pressing steadily upward, the uterus was now felt gradually to yield, and in a short time the fundus alone remained unreduced; no amount of force, however, compatible with the safety of the organ, could complete the operation, and, the patient being faint from the loss of blood, a further attempt at reduction was suspended. The vagina was syringed out with cold water, the patient was replaced in bed, and a full anodyne administered. On the following day she had rapid pulse, pain and tenderness over the uterus. Opium, with small doses of mercury were freely administered, and linseed poultices were kept over the abdomen.

The symptoms gradually subsided, and, on making a vaginal examination on the third morning after the operation, it was found that the fundus had spontaneously returned, either by its own elasticity, or the contraction of its muscular fibres. For many days there was a profuse purulent discharge from the uterus, but the patient steadily improved in appearance and health, and was able to get up for a few hours every day at the end of a fortnight. On examining with the speculum, about a week after the reduction, the os uteri was found ragged and inflamed, but the sound passed up readily into the cavity of the uterus, without causing much pain or uneasiness. She was discharged from hospital in perfect health, having menstruated regularly a few days before leaving.

A Successful Case of Ligation of the External Iliac Artery.

By means of silver wire, is reported by Dr. MASTIN, of Mobile, in the *New Orleans Med. and Surg. Jour.*

The patient a colored man, 53 years of age, was suffering from inguinal aneurism, which dated back about 10 years. The main point of interest in the case, is that the artery was ligated by silver wire, secured by a double knot, the ends of which were cut close to the knot, bent down and returned into the cellular sheath, to become encysted. Dr. MASTIN is not aware that this

mode has ever before been successful. The patient walked about perfectly well; the limb natural in appearance, five weeks after the operation.

Nitrate of Potash in the Cure of Intermittent Fever.

In the *St. Louis Med. and Surg. Journal*, AMOS SAWYER, M. D., of Hillsboro', Illinois, publishes the following formula.

R. Potassæ nitrat., gr. x.
Spr. vini gallici, vel aquæ, f. 3ss. M.
Take immediately.

He says:—The above prescription I have used with great success in the cure of intermittent fever, even where quinine has failed. In my opinion no preparation is equal to it; for it possesses antiperiodic properties completely, and may be administered when the stomach would not tolerate quinine. I deem it a specific in ague; for I have never failed to arrest the paroxysm, if uncomplicated. You will also find that the patients are less liable to relapse than in those cases cured by quinine. In the cold stage, if administered in a full dose, and the patient be placed in bed and covered with blankets, he will in a few minutes experience considerable heat, which will be followed by copious perspiration, and every unpleasant feeling will vanish. It is seldom the patient will experience a second attack. Where it is more agreeable to the patient, the powder may be placed on the tongue and permitted slowly to dissolve.

I shall not attempt to explain the action of this medicine on the system in the cure of ague, but will leave that to older heads than mine to determine; still, we do know that after it is taken into the stomach and becomes absorbed, it has the chemical effect of changing the dark-colored venous blood, to arterial, or at least it changes its color. It also acts on the kidneys as a stimulant, producing diuresis as well as diaphoresis; and in this manner may rid the system of the poison that causes the ague; provided that poison is produced "by the retention of materials destined for excretion." This medicine more closely resembles nature's mode of curing this same disease than any other; as she cures by copious diaphoresis as well as diuresis, or in other words, by elimination.

Deficiency of Corpus Callosum.

Dr. J. LANGDOWN H. DOWN, at a recent meeting of the Royal Medical and Chirurgical Society, related an instance of extensive deficiency in the great commissural connection of the hemispheres of the brain, associated with marked imperfection of the intellectual faculties, similar to the case recorded by the author in Vol. xlv. of the *Transactions*, for 1861. The rarity of the abnormality was indicated by the fact that this was only the second time the author had met with it in the dissection of 150 brains of idiots.

Dr. SANKEY remarked that the case illustrated the facility with which causes were attributed. The mental defect in this case had been put down to masturbation, when it really depended on congenital malformation.

The Hyposulphites in Diphtheria.

The *Dublin Quarterly Journal of Medical Science* publishes a short paper, read before the Medical Society of the College of Ireland by Dr. HAYDEN, in which he gives the results of treatment of eight cases of diphtheria. In seven cases the hyposulphite was the main remedial agent used; these cases recovered. Death occurred only in the one instance, where the hyposulphite was not given, the patient being seventy years of age, and the case being complicated with congestion of the lungs. Some of the seven cases which recovered were of the milder form, but at least three were sufficiently serious to warrant an unfavorable prognosis.

Dr. H. does not assert that in the hyposulphites we have got an agent capable of neutralizing, or decomposing the toxæmic principle of diphtheria, but thinks that, of their curative properties in this disease, there is sufficient evidence to warrant a more extended trial.

Bromide of Potassium in Sleeplessness consequent upon Uterine Irritation.

It is better always to try this agent before resorting to narcotics in the wakefulness which is often associated with diseases of the uterus or its appendages. Indeed, in some instances it will succeed in inducing rest where the others fail, and beside, the liability of these to disturb the digestive organs, is sometimes a serious objection to their administration. Without detailing cases, I would simply state that I have recently found remarkable benefit in the condition mentioned, from the bromide of potassium—the dose should hardly be less than ten grains, and may be twenty or more.—*Chicago Medical Journal*.

Fracture of the Lens of one Eye, and of the Anterior Capsules of both Eyes, from Death by Violent Hanging

is the title of a paper by Dr. EZRA DYER, of this city, published in the *New York Medical Journal*, in which he relates some experiments made upon animals, in order to ascertain the effect of death by violent hanging upon the interior structure of the eye, a subject to which his attention had been called by the post mortem examination of the murderer PROBST, in whom the lens of one eye, and the anterior capsules of both eyes were found fractured. The experiments were made with every precaution and great care. The following is Dr. DYER's *résumé*:

"One man and three dogs were violently hanged. The man and two of the dogs, *i. e.*, three out of four subjects, showed this peculiar lesion. The man and dog No. 1, died without struggle. In both the fracture extended through half the lens of one side, and across the capsule of the other. Knot on the opposite side of the greatest lesion in both cases. Dog No. 3 died with convulsions, which lasted a short time. Lesion found in one eye well marked, the other eye normal. Dog No. 2 died with prolonged convulsions; no lesion could be observed. We do not find this result in death from natural causes. Is it connected with the sudden concussion and shock to the nervous system?"

Reviews and Book Notices.

Manual of Materia Medica and Therapeutics.

Being an abridgment of the late Dr. PEREIRA'S Elements of Materia Medica, arranged in conformity with the British Pharmacopœia, and adapted to the use of Medical Practitioners, Chemists and Druggists, Medical and Pharmaceutical Students, etc., by FREDERICK JOHN FARRE, Cantab., F. L. S., London, Editor of the British Pharmacopœia, etc., etc.; assisted by ROBERT BENTLEY, M. R. C. S., F. L. S., Professor of Botany in King's College, etc., etc.; and by ROBERT WARINGTON, F. R. S., F. C. S., Vice-President of the Chemical Society, etc., etc. Edited, with numerous references to the U. S. Pharmacopœia, and many other additions, by HORATIO C. WOOD, Jr., M. D., Professor of Botany, University of Pennsylvania, etc., etc. With two hundred and thirty-six Wood Engravings. Philadelphia: HENRY C. LEA. 1866. 8vo., pp. 1030. Price, cloth \$7, sheep \$8.

It is seldom that a book tells so much of its nature and contents upon its title page as this, leaving, in view of the reputation of its authors and editors, little to be done even in the way of criticism. We may best complete the account of its aim and general character by citing some of the words of its able American editor, in his preface:

"The English editors of this work have abridged and altered the original PEREIRA'S *Materia Medica* until it is scarcely the semblance of its former self, and bears the impress of their footsteps almost as deeply as those of their learned predecessors. As published by them, it is so narrowed in its scope as scarcely to serve the purpose of a general work on Materia Medica, and, indeed, claims only to be a manual for the use of British medical men. At the same time, they have labored upon it until, within its own limited field, it is without a peer. The duties of the American editor have been to adapt it to the wants and necessities of the American physician."

This task, as Dr. WOOD remarks, has been no sinecure. He has introduced over one hundred articles, some of them as important as Veratrum Viride, Wild Cherry Bark, Sago, Tapioca, Arrow-root, Glauber Salt, Ammonio-ferric Alum, etc. He has thus increased the original work by about one-third; with a large number also of original illustrations.

It only remains to say, that all the labor spent upon the volume has been well bestowed. Without at all disparaging the value of Dr. G. B. WOODS', or of STILLE'S Treatises, it may be said that the compact and beautifully printed volume is well worth having in the library of any one who is either practitioner, pharmacist, teacher, or student in its department.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, OCTOBER 20, 1866.

THE MOTT MEMORIAL LIBRARY.

What the late Professor MÜTTER did for Philadelphia, the widow of the late Professor VALENTINE MOTT has done for New York. At an expense of more than \$30,000, she has purchased, enlarged and fitted up, at No. 58 Madison Avenue, between 27th and 28th streets, a building, in which are deposited the medical library, and the surgical instruments of her late husband, the distinguished American Surgeon, VALENTINE MOTT.

On Thursday evening, the 11th inst., the building was thrown open to the friends of the Institution, and it was formally dedicated with appropriate services.

The building is designed by Mrs. MOTT for the twofold purpose of a monument to her husband, and an institution of free instruction to the medical students of the colleges of New York.

The room in which the exercises were held is a fine airy little room, extending the whole depth of the building, which has been extended twenty-one feet. A neat gallery has been added to the hall, with which it has a capacity for seating some 600 persons. The library of the late Dr. MOTT, with the shelves prepared for donations, fills the walls of the room. Upon the platform are two fine casts of the bust of Dr. MOTT, above which are scrolls bearing the words, "In Memoriam."

The following are the Trustees of the Mott Memorial Library: Hon. John T. Hoffman, Mayor; Hon. Matthew Brennan, Controller; Hon. John K. Hackett, Recorder; Hon. Henry Hilton, Hon. George Opdyke, Hon. Isaac Bell, Hon. Charles P. Kirkland, Rev. Dr. Houghton, A. T. Stewart, Esq.; Charles P. Leveret, Esq.; Phileas H. Holt, Esq.; A. B. Mott, M. D.; Austin Flint, M. D.; Isaac E. Taylor, M. D.; William H. Van Buren, M. D.; Edward Vanderpoel, M. D.; Mr. L. D. Mott.

BOARD OF OFFICERS—A. B. MOTT, M. D., President; CHARLES P. KIRKLAND, Esq., Treasurer; EDWARD VANDERPOEL, M. D., Secretary.

The inaugural ceremonies were presided over by Dr. ALEXANDER B. MOTT. The Rev. Dr. HOUGHTON opened the exercises with prayer, after which the Rev. Dr. CHAPIN addressed the audience. He said that such was the greatness of the

theme upon which he was called to speak, that he could not hope to do justice in the few remarks he was to make. The real orator was the library that surrounded him. No eloquence of lip would add to the eloquence of the life of Dr. MOTT, and this monument is a monument not only of the splendid genius of Dr. MOTT, but of the affection, the wisdom and the self-sacrifice of his widow.

This, however, was but the commencement of the institution. It remained for the people of New York to see to it, that the work thus nobly begun should not languish. He hoped that out of this occasion would go forth an influence for practical beneficence. That thousands of students would be enabled to resort to this library in years to come, to gain inspiration from the books of that great genius, whose memento it was, and of whose writing, industry and faithfulness, and nobleness of mind and soul, the very shelves were redolent.

Dr. CHAPIN was followed by CHARLES P. KIRKLAND, Esq., one of the trustees of the Institution. Mr. KIRKLAND alluded to this being the first and only institution of its kind in that city, and a great boon to the hundreds of rising medical students, who could not afford to own the books necessary to their studies. He praised the self-devotion, the good sense and wisdom of Mrs. MOTT, in raising such a monument to her revered and beloved husband; a speaking, living monument, around which thousands would gather to cherish his memory and emulate his noble life.

Mr. KIRKLAND also closed with an appeal to the citizens of New York, to come forward and second the noble enterprise thus begun for the welfare of the medical profession and of the whole community.

Prof. GEO. T. ELLIOT was next introduced, and delivered a finely-written address, dwelling in eloquent terms upon the life, labors and character of Dr. VALENTINE MOTT. The books which had been the companions of a memorable life, he regarded as the greatest gift which could be bestowed on the physicians of that city, on the students, who should turn with loving veneration the marked and well-worn leaves. They had outlived their great owner; they would outlive us, and go down the stream of time an argosy freighted with precious teaching.

The Rev. Dr. CHAPIN then read a letter from Dr. SAMUEL HENRY DIXON, of Philadelphia, which expressed his regret at being unable to be present, and inclosed the following beautiful lines:

"Happy the shade for whom such trophies rise!
Pride of his order, to his country dear,
Whom all the good, at home, abroad, revere.
While the sad wife, with loving, tearful eyes

Bewails her mournful loss, she builds her fame
On lavish gifts with light of knowledge stored,
A precious and imperishable hoard,
Most apt memorial to his deathless name.

"High priest of science and humanity!
Of skill unequaled in his noble art,
Of courage dauntless, yet of tender heart;
Not soon again the world his peer shall see,
Nor shall his lofty virtue be forgot!—
Teacher! Restorer, loved and honored MORT!"

No mausoleum that could be erected, would be so fitting and so lasting a monument to the memory of one of whom every American is justly proud, as this offering of affection and benevolence on the part of Mrs. MOTT. Here is the foundation of an institution which is destined to bear the revered name of MOTT for ages to come, and in all that time prove a blessing to generations of medical men, and through them to innumerable multitudes of the sick and afflicted. There is no estimating the amount of good that will result from such benefactions as these of Professor MÜTTER to the medical profession of Philadelphia, and of the widow of Professor MOTT to that of New York. The institutions thus founded by them will be the nuclei of extensive libraries, and collections of instruments, pathological and other specimens, all calculated to advance the cause of medical science. These collections will also offer facilities for giving lectures on special subjects, which will be the means of adding greatly to the sum of medical knowledge.

We trust that the medical profession of Philadelphia and New York will foster these institutions, and that they will rapidly grow, and be able to command all the means necessary to carry out to the fullest extent, the intentions of their benevolent and considerate founders.

Notes and Comments.

Confusion in Book Publishing.

Our medical book publishers need to come to some sort of understanding in regard to the matter of republication of foreign works, as there seems just now to be so much competition as to create some confusion on the subject. For example: HARPER & BROTHERS, of New York, announce as in press, HOLMES' System of Surgery, which is also announced by Wm. Wood & Co., also of New York, as just issued in four volumes, price \$40. LIPPINCOTT & Co., of this city, announce a Manual of Materia Medica and Therapeutics as in press, the same work having just been issued by H. C. LEA, also of this city, revised and edited by Prof. H. C. WOOD. But TANNERS' "Index of Diseases and their Treat-

ment," seems to be the special favorite of the publishers, no less than three or four firms announcing the work as in press, viz., BAILLIÈRE BROS., CHAS. SCRIBNER & Co., and SCRIBNER, WELFORD, & Co., (same firm?) of New York, and H. C. LEA, of this city, (as we suppose,) under the title of "TANNER's Manual of Clinical Medicine."

If this competition will be the means of reducing the cost of these works, our profession will perhaps be benefited by it.

Correspondence.

DOMESTIC.

The "Open Lever," or "Horse-Shoe" Pessary.

EDITOR MEDICAL AND SURGICAL REPORTER:

In your number of Sept. 29th, an article appeared from the pen of Dr. E. P. BANNING, presenting some peculiar views respecting the importance of "pelvic bearings" in the treatment of uterine displacements. To strengthen his positions, he offers some criticisms upon the use of various pessaries, among others, on what have been termed the "horse-shoe," "double S," or "bow" pessaries.

As to me belongs the credit or discredit of introducing and recommending these instruments, under the names of the "open lever" and "closed lever" pessaries, I would therefore claim the privilege of protesting entirely against your correspondent's notions, as to their *modus operandi* and efficiency in the treatment of prolapsus, anteversion, and retroversion, or flexions of the uterus. My object, however, is not to defend these pessaries, or to explain their use; this I have fully done in a work on the "Diseases peculiar to Women," published six years ago; but I write to protest most seriously against the suggestion of your correspondent to place the "open lever," or "horse-shoe" pessary in the vagina, with the points directed *backward* toward the sacrum. This position of the instrument would be most dangerous, as the points would impinge against the posterior and superior parts of the vagina, and almost inevitably excite inflammation, ulceration, and perforation, thus involving the peritonæum, and probably with a fatal result, from local or diffused peritonitis.

The observations of Dr. BANNING on these pessaries show that he has not resorted to the original description of their character and operation, but has ventured to trust to his own conceptions, or it may be, to those of his companions as to their proper employment.

After an experience of some thirty years with the various modifications of the lever pessaries, I find that there is an increasing confidence in the profession as to their efficiency in all the varieties of uterine displacement, when they are judiciously managed by prudent and scientific physicians, who have the good sense to study the true character of their operation, and to modify them to the peculiar circumstances of the case under treatment. The patient should wear them without being conscious of their presence. Thus all her distressing nervous complaints may be completely relieved without exciting leucorrhœa, inflammation, or ulceration, and without the assistance of any external cumbersome brace or supporter.

HUGH L. HODGE, M. D.

903 Walnut st., Oct. 15th, 1866.

"Spotted Fever."

EDITOR MEDICAL AND SURGICAL REPORTER:

I was very much pleased, and greatly interested in an article in the last number of the REPORTER, upon the subject of "Spotted Fever," written by JOSEPH ADOLPHUS, M. D., of Hastings, Michigan; and must say that I think his ideas in regard to this so-called disease are very correct. I have had a good deal of experience in the treatment of what is termed spotted fever, and have frequently been thoroughly disgusted with the term as applied to the disease through the country generally; it is as Dr. ADOLPHUS truly remarks, "unscientific and vague" to say the least of it. Now, there is not a doubt in my mind but what all of these cases termed spotted fever, come, and can be properly classed, under the head of typhoid or typhus fever. I have long been convinced, from close observation, that such is the fact. The spots spoken of so much are simply the result of sudden local congestions and interruptions of the circulation, frequently producing serious difficulty of some portions of the brain and spinal column; yet we often meet with the same kind of cases without the spots, showing plainly to me that it is not a distinct or new disease, but really a form of typhoid fever.

As regards the treatment, there can be no mistaking that. It must be of a supporting or sustaining character; and if antiphlogistic measures are adopted the patient will die. I agree with Dr. ADOLPHUS, that in the early stage an emetic of ipecac. acts very well, indeed, but must be used early, and then followed by stimulants and tonics, in connection with a generous diet. The hydrochloric acid is a fine adjunct in this disease. With this kind of treatment I believe the greater portion of these cases will recover. A careful

perusal of Dr. ADOLPHUS' article upon this class of cases will be found highly interesting, and certainly very beneficial.

H. A. SPENCER, M. D.

Erie, Pa., Oct. 12, 1866.

Respiration and Signs of Life in a Five Months Fœtus.

EDITOR MEDICAL AND SURGICAL REPORTER:

Allow me to report through the pages of the "REPORTER," a case of premature labor, which came under my care the 26th of August, 1866, and which resulted in the expulsion of a living fœtus at about five months gestation.

On the morning of that day I was requested by the husband of Mrs. B——, to visit his wife immediately, whom he supposed to be laboring under an acute attack of "cholera-morbus." On my arrival I found my patient to be a young woman of but sixteen, lately married, and in much pain and distress, throwing herself about in bed and screaming aloud. On examination, I found her pulse ninety per minute and regular, respirations normal, pupil slightly dilated, surface moist; evidently no case of cholera; yet she stated that she had a very severe diarrhœa, and severe pain in her stomach, that she thought she could not live. I soon found that the pains seized her in regular paroxysms, and resembled labor pains, and were not in the stomach. I then informed her of my suspicion, and told her that it would be necessary to make a vaginal examination, to which she freely consented.

On examination I found the mouth of the uterus dilated to the size of a quarter dollar. On introducing my finger within the uterus, I found the membranes entire, and could easily feel the motions of the fœtus. The uterus was in the lower strait. I told her that she was *enciente*, and threatened with abortion, to which she expressed great surprise, and said that she did not know that she was pregnant. But why should she abort? After questioning her she stated that she fell upon the door-step the evening before, and that she had had pain ever since, passing some blood. I gave her anodynes, and such other treatment as was deemed necessary, to prevent a miscarriage; but as soon as she found that my treatment was intended to allay pain and intercept abortion, she refused to take the medicine. I asked her if she had told me the whole truth, if not, of course I could not treat her properly. She then told me that she had been taking Dr. —'s "periodical drops" for two weeks, and that I should leave her alone until she had aborted, then do for her what was necessary, and do

what could be done to save her life. Labor had proceeded so far, that its arrest was impossible, and after about one hour, she delivered herself of a living female foetus, at about the fifth month of uterine gestation.

I was then again called, and found that there was some pulsation in the cord of the foetus, but it ceased in a few minutes.

I separated the foetus at once from the mother, wrapped it in flannel and laid it on a sofa, and turned my attention to the mother—did not think it worth my while to endeavor to save the life of so delicate a creature as it was. The placenta being removed, there was some considerable hemorrhage, but after giving the usual remedies it soon subsided, and in less than an hour the mother was safe and could be left alone. I again turned my attention to the foetus, and to my surprise found it still alive, gasping for breath, making regular inspiratory movements. Pulsation could be both felt and seen in the thorax and fontanelles. The inspirations soon became much shorter, and at longer intervals.

Life continued for some time, even after I had carried it to my office, where it was also witnessed by my professional friends, Drs. BOOTH and JENNERS. It gradually succumbed, after surviving its birth one hour and forty minutes. It measured about six inches in length.

J. STOLZ, M. D.

Crestline, Ohio, Oct. 10th, 1866.

Treatment of Chorea.

EDITOR MEDICAL AND SURGICAL REPORTER:

I will say to your correspondent, that I have had, two years ago, two cases of chorea. One a girl aged fourteen years; first I gave aloetic purges, followed with ferri sub. carb. and zinci sulph. every three or four hours, with friction to the spine. Cured in about ten days. She has remained well ever since. This was a severe case.

The other patient was a boy, aged ten years, with powerful convulsions, and opisthotonos, the body resting on the head and heels. Pupils dilated; required several persons to keep him on the bed.

First, gave an active purgative, then followed with quiniæ sulph. every two or three hours, say gr. ij., and ext. hyosciami gr. i., every four hours, until he became quiet; also irritation to the spine; recovered in two weeks; has been well up to the present time. In this case I endeavored to give chloroform, by inhalation, but the patient refused to use it.

H. T. BALDY, M. D.

Toledo, Iowa, Oct. 9, 1866.

The Internal Use of Chloroform.

EDITOR MEDICAL AND SURGICAL REPORTER:

Since reading the inquiries made by your correspondent from Providence, R. I., in regard to the probable irritant effects of large doses of chloroform, I ordered for a patient laboring under delirium tremens, after the usual opium treatment had been pushed as far as was prudent, drachm-doses every twenty minutes, in a glass of ice-water, until sleep was induced. The remedy had the desired effect after four doses were given. When informed that the chloroform had been given in its purity, I inquired of my patient if he had any soreness of the throat or stomach, and was assured that he felt perfectly well, except that he was weak. Also, some time since, I gave drachm-doses, in its purity, to a child, ten years old, with convulsions, from which it had been suffering for four hours, with the effect of relaxing the spasm after two doses had been given at intervals of ten minutes, without causing any irritation of the throat beyond a slight erythema. I may add that the child slept soundly, but naturally, for three or four hours, and awoke bright and playful.

S. GUSTINE SNOWDEN, M. D.

Franklin, Pa., Oct. 11th, 1866.

News and Miscellany.

Ignorance of Quacks.

A short time ago, the attention of a gentleman who was crossing the Third Avenue, near Eighth street, New York, was attracted by a sign on which was printed, in staring white letters, more than a foot long, upon a red ground

INDIAN OPATHIST.

Somewhat accustomed to etymological investigation, he was yet quite puzzled by the latter word. What was an opathist? He, of course, at once suspected the presence of the Greek root *pathos*, from which spring all the *pathys*; but still that did not help him "a bit," as children say, to discover the meaning of the new word opathist. When well across the street, however, he discovered what before had been hidden from him—another sign, "E—I—, Indian Doctor." Then the enigma was solved, more, however, by intuition than by reason. Mr. E—I— had heard of allopathy and homœopathy among the other "doctors," and even of hydropathy, although the man who invented that name would be puzzled to explain it. Doctors of medicine have their pathies, as well as doctors of divinity their doxies; and if other doctors had their pathies, why should not he have his? So to allopathy, and homœopathy, and hydropathy was added a new pathy—indianopathy. True, indian-

opathy does not mean anything, but what of that? Because allopathy means treatment on the principle of producing symptoms opposite to those of the disease, and homœopathy treatment on the principle of producing symptoms similar to those of the disease, must, therefore, indianopathy be held to imply any relation between Indians and the symptoms of disease, or to imply anything at all, except that Mr. E—— I—— was an Indian doctor, a very "big medicine" indeed? This is a free democratic country, and who should deny his right to a sounding name, and one quite in the fashion? As to the authority of academies and schools, the rules of etymology and the established meaning of words, what of them? Away with them if they stand in the way of a man's magnifying his office or himself. It is well, however, to know something of the principles of language if you undertake to make a word. In the present case, the word-maker had plainly heard some folk, who wished to be very elegant, talk of homœopathy, and even perhaps of allopathy, and not unreasonably supposing that the *op* belonged to the last element of the word, he, adhering to analogy in sound if not in sense, called his art and mystery indianopathy, and dubbed himself an Indian Opathist. He is not alone in his glory. An apothecary, last winter, advertised a nostrum that he had got up for colds and coughs, and which he had called most ridiculously "Coldine." He had noticed the termination *ine* in the names of many articles sold by chemists, apothecaries, and perfumers, and not knowing that it signified "having the quality of," as bromine from bromium, fluorine from fluor, amandine from almond or amande, infantine from infant, crystalline from crystal, he tacks *ine* to cold, and so makes an absurd monstrosity, which, if it means anything, means having the quality of cold—just what he did not mean, and which cannot be seen by any educated person without laughter. Of such ridicule they always run the risk who pretend to what they do not know, and undertake that for which they have no capacity.—"*Galley*."

Glorious War.

The Commissioners despatched to the lazarets and field hospitals by the Patriotic Help Association (Hilfsverein), of Vienna, has published an interesting report. They draw a pitiable picture of the condition of the peasantry in Northern Bohemia. For six months the country has been occupied by great armies. The peasant's food has been devoured, his field laid waste, his house burnt or torn down and laid in ruins. They declare that the dead were left unburied in many places, and that the poisoned air destroyed the living. Nearly all the amputations made by the Prussian military surgeons ended fatally, but no difference was made in the treatment of Austrian and Prussian wounded by the medical men. They found the condition of the hospitals, in all that related to nursing and medical attendance, "deplorable." The Commission started to Brünn on the 1st of August with fifteen wagon loads of medical comforts. In Wilkersdorf they found a Prussian company as a guard to a cholera hospital. The pestilence was so bad that in a short

time 450 had died out of 700 patients, and the officer in command said, "I hope in Heaven that we shall soon leave this, for my sick will all be dead in a few days." At Pardubitz they found seven wounded Austrian officers, who were getting well in airy, well-shaded tents. At Königgrätz itself they found the hospitals overstocked, and short of what was needed. In one house were 115 wounded officers, and in another were 198 more. They needed splints, lint, bandages, medicine, lotions, as well as tobacco and wine. On the 9th the Commissioners visited Rosnitz, Westar, Sadowa, Nechanitz, and Hradek, and describe with horror and astonishment the condition of the country. The hands and feet of the dead were sticking out of the hasty graves. As to the hospitals in these places, the Commissioners declare all appliances and necessities were deficient. The Prussian doctors deplored their want of success in amputations. Many of the wounded had been left forty-eight hours on the field without help, and were in the most unfavorable condition for treatment by the knife. On the 14th they visited Jaromierz, Skalitz, Nachod, etc., and all the hospitals up to Trautenau. In all cases their supplies were most welcome. The report affords a most terrible peep behind the scenes of a great battle—the *après*, when the conqueror has moved off with drums and trumpets, and banners flying in the setting sun, and night settles on the dying and the dead.—*British Medical Journal*.

On the Sources of the Fat of the Animal Body.

At the meeting of the British Association at Nottingham, Mr. J. B. LAWES and Dr. J. H. GILBERT read a paper on this subject. In 1842 Baron LIEBIG had concluded that the fat of Herbivori must be derived in great part from the carbo-hydrates of their food, but might also be produced from nitrogenous compounds. DUMAS and BOUSSINGAULT at first opposed this view; but subsequently the experiments of DUMAS and MILNE-EDWARDS with bees, of PERSOZ with geese, of BOUSSINGAULT with pigs and ducks, and of the authors with pigs, had been held to be quite confirmatory of LIEBIG's view, at any rate, as far as the carbo-hydrates were concerned. But at the Bath meeting of the British Association, in 1864, Dr. HAYDEN expressed doubt on this point, and at the Congress of Agricultural Chemists, held at Munich last year, Professor VORR, from the results of experiments with dogs fed on flesh, maintained that fat must have been produced from the nitrogenous constituents of the food, and that these were probably the chief, if not the only, source of the fat even of herbivora. Baron LIEBIG disputed this conclusion, and his son, HERMANN VON LIEBIG, had since sought to show its fallacy by reference to experiments with cows. The authors agreed with the conclusions of these latter authorities, but pointed out the inadequacy of the data relied upon by HERMANN VON LIEBIG. They showed that, owing to the much less proportion of alimentary organs and contents, the higher character of the food, the much larger amount of fat produced, both in relation to a given weight of animal, within a given time, and to the amount of food consumed, the much less proportion of the

solid matter of the food that passed off in the solid and liquid excretions, and finally, the larger proportion of fat in the increase, results obtained with pigs must be much more conclusive than those with either cows, oxen, or sheep. Numerous tables were exhibited, showing the results which had been obtained by the authors in experiments with pigs, from which the following conclusions were drawn: Certainly a large proportion of the fat of the herbivori fattened for human food must be derived from other substances than fat in the food. When fed on the most appropriate fattening food, much of the stored-up fat must be produced from the carbo-hydrates. The nitrogenous constituents may also serve as a source of fat, more especially in defect of a liberal supply of the non-nitrogenous ones.—*British Medical Journal*.

— Gov. FENTON of New York has extended the extraordinary powers of the Metropolitan Board of Health of New York city to the first of December next.

— The Berlin *Volks-Zeitung* says that at the lowest calculation, the victims of the late short and bloody war are reckoned at not less than 20,000 to 24,000 killed on the spot or since died from their wounds, to which may probably be added an equal number of both parties who have died from illness, chiefly the cholera. The proportion of wounded Austrians in the Prussian hospitals to wounded Prussians is stated to be about two to one, or about 13,000 Austrians to about 7,000 Prussians.

— The Prussian military authorities cure it by smearing the parts with a mixture of two parts of liquid storax, with one part of sweet oil. The cure is said to be complete in twenty-four hours.

— Dr. JOHN W. BUCHANAN has been appointed examining surgeon of the Pension Bureau at Great Falls.

Army and Navy News.

ARMY.

PROMOTIONS.—Brevet Colonel Jos. B. Brown, Surgeon, U. S. A., has been brevetted Brigadier-General, U. S. A., for services during the prevalence of cholera at Governor's Island.

Brevet Colonel J. J. Milham, Surgeon, U. S. A., has been brevetted Brigadier-General, U. S. A., for meritorious and distinguished services at Hart's Island, N. Y. Harbor, where cholera prevailed.

Surgeon Warren Webster, U. S. A., has been brevetted Lieut.-Colonel, U. S. A., for services rendered during the prevalence of the cholera at Hart's and David's Islands.

Assistant Surgeon C. C. Byrne, U. S. A., to be Surgeon, vice Sutherland, promoted, to date July 28, 1866.

Surgeons Clinton Wagner, Joseph P. Wright, C. C. Gray, and W. C. Spencer, U. S. A., to be Surgeons, to fill original vacancies, to date July 28, 1866.

The order of the Acting Medical Director, Department of the East, of September 30, 1866, detailing Brevet Major M. J. Arch, Assistant Surgeon, U. S. A., to accompany a detachment of troops from New York City to California and return, has been confirmed.

Brevet Lieut.-Colonel H. S. Shell, Assistant-Sur-

geon, U. S. A., has been ordered to report, without delay, to the President of the Army Medical Examining Board, N. Y. City, for examination for promotion. On the completion of his examination he will report by letter to the Surgeon-General of the Army.

NAVY.

List of changes in the Medical Corps of the U. S. Navy, during the week ending October 13th, 1866.

Surgeon J. S. Kitchen, detached from temporary duty at Marine Rendezvous, Philadelphia, and placed on waiting orders.

Surgeon David Kindleberger ordered to the U. S. Ship Bienville.

Surgeon John T. Taylor ordered to duty at Naval Hospital, New York.

Surgeon B. F. Gibbs, detached from the U. S. Ship Sabine, and ordered to the U. S. Ship Ossipee.

Surgeon Job Corbin ordered to the U. S. Ship Sabine.

Past Assistant Surgeon D. McMurtrie, detached from the U. S. Ship Winnipeg, and ordered to the Naval Academy.

Assistant Surgeon John McD. Rice ordered to the U. S. Ship Ossipee.

Assistant Surgeon William V. Marmion, detached from the U. S. Ship Bienville, and ordered to the U. S. Ship Monongahela.

Acting Assistant Surgeon Carlos W. Knight ordered to the U. S. Ship Bienville.

Acting Assistant Surgeon Edgar A. Dulin ordered to the U. S. Ship Saco.

Acting Assistant Surgeon George H. Butler, and Acting Assistant Surgeon R. F. Brooks, promoted to Acting Past Assistant Surgeons.

Dr. Jos. G. Ayres appointed an Assistant Surgeon from 8th October.

Assistant Surgeon George A. Bright, detached from the U. S. Ship Marblehead, and ordered to the Naval Academy.

MARRIED.

BLEECKER—BARTON.—In New York, on the 4th inst., at St. Mark's Church, by the Rev. Alexander H. Vinton, D. D., Edward Bleecker, M. D., and Ellen H., daughter of the late Lieut. C. C. Barton.

CHAPMAN—SHOVE.—At Katonah, N. Y., Oct. 10, by the Rev. E. B. Otheman, J. Francis Chapman, of Pepperell, Mass., and Irene, daughter of Dr. Seth Shove, of Katonah.

CRANDALL—PARMELEE.—At Freehold, N. J., October 11, 1866, by the Rev. D. S. Parmelee, T. Vaughn Crandall, M. D., of Newburgh, N. Y., and Mary Adelaide, eldest daughter of the officiating clergyman.

DICKSON—ENSIGN.—In Philadelphia, on Tuesday, October 9, at the residence of Thomas Vernor, by the Rev. Dr. Hawes, Dr. James N. Dickson and Nellie C. Ensign, both of Sheffield, Mass.

HUNT—REYNOLDS.—In Springfield, Mass., on Wednesday, October 10, at the residence of the bride's father, by the Rev. R. G. Greene, John W. Hunt, M. D., of Jersey City, N. J., and N. Addie, youngest daughter of H. S. Reynolds, Esq.

LEWIS—NOXON.—In Pittsburgh, Pa., on the 29th ult., by Rev. John Gillespie, D. W. Lewis, M. D., and Mrs. Carrie C. Noxon, daughter of the late John Cooper, M. D., of Poughkeepsie, N. Y.

MCLEANE—RICHARDS.—On the 10th inst., at the residence of Wolcott Richards, Esq., Boston, by the Rev. Dr. Thompson, Dr. James W. McLane, of New York, and Miss Adelaide L. Richards, of Roxbury.

PFEIFFER—ROWAND.—On the 9th inst., by the Rev. S. C. Dare, assisted by Rev. E. V. Glover, Frederick P. Pfeiffer, M. D., of Philadelphia, and Mary E., daughter of Dr. Jos. F. Rowand, of Camden, N. J.

WARNER—MCKAYE.—September 18, at the Legation of the United States, Berne, Switzerland, by the Rev. Samuel Longfellow, Lewis T. Warner, M. D., and Sarah L., daughter of James McKay, Esq., all of New York.

WITMAN—KRAUSE.—At the residence of the bride's father, near Norristown, Pa., October 11th, by the Rev. D. Gaus, D. D., Henry O. Witman, M. D., of Harrisburg, and Miss Fredericka Krause.

DIED.

SMETHURST.—On the 8th inst., Emeline, wife of W. A. Smethurst, of this city, and daughter of the late Dr. John Millar, of Lancaster, Pa.

METEOROLOGY.

October,	1,	2,	3,	4,	5,	6,	7,
Wind.....	N. E. Cf'dy.	S. Clear.	N. W. Clear.	N. Clear. Frost.	N. W. Clear. Frost.	N. W. Clear. Frost.	W. Clear.
Weather.....							
Depth Rain.....							
Thermometer.							
Minimum.....	56°	58°	55°	37°	31°	35°	38°
At 8 A. M.....	67	60	65	48	42	48	53
At 12 M.....	69	73	66	56	51	58	66
At 3 P. M.....	71	74	65	56	54	60	68
Mean.....	65.75	66.25	62.75	49.25	44.50	50.25	56.25
Barometer.							
At 12 M.....	30.3	30.1	30.	30.3	30.7	29.6	30.4
Germantown, Pa.	B. J. LEEDOM.						

MEDICAL DEPARTMENT OF THE
UNIVERSITY OF VERMONT,
 AND
State Agricultural College,
 BURLINGTON, VERMONT.

The next Annual Course of Lectures in this Institution will commence on the first Thursday in March, and continue sixteen weeks.

FACULTY:

JAMES B. ANGELL, A. M., President.

SAMUEL WHITE THAYER, M. D., Burlington, Professor of General and Special Anatomy.

WALTER CARPENTER, M. D., Burlington, Professor of Theory and Practice of Medicine, and Materia Medica.

JOSEPH PERKINS, M. D., Castleton, Professor of Obstetrics and Diseases of Women and Children.

HENRY M. SEELY, M. D., Middlebury, Professor of Chemistry and Toxicology.

JOHN ORDRONAUX, M. D., New York, Professor of Physiology and Pathology.

ALPHEUS B. CROSBY, M. D., Hanover, N. H., Professor of Principles and Practice of Surgery.

CHARLES PAINE THAYER, M. D., Quincy, Mass., Demonstrator of Anatomy.

S. W. THAYER, Burlington, Dean of Medical Faculty.

FEES:

Matriculation (paid but once).....	\$5 00
For full Course of Lectures.....	70 00
Third Course Students.....	20 00
Graduation.....	25 00

Ample supply of Dissecting Material at cost.

For further information, address

Dr. S. W. THAYER, Dean,
 502-531 Burlington, Vt.

SURGICAL INSTRUMENT MAKER.—LOUIS V. HELMOLD, No. 135 South TENTH Street (opposite the Jefferson Medical College), Philadelphia, manufactures and keeps constantly on hand a general assortment of **SURGICAL INSTRUMENTS**, of the finest quality and most approved pattern. 173

SAMUEL S. WHITE (Successor to Jones and White), manufacturer of **PORCELAIN TEETH** and **DENTISTS' MATERIALS**, Gold and Tin Foils, Dental Instruments, Gold and Silver Plate operating Chairs, Corundum Wheels, Lathes, Furnaces, Rolling-mills, Blow-pipes, and all other articles used by the Profession. **SURGICAL INSTRUMENTS**, of the best quality, in cases or single, as may be desired, supplied to order, consisting of Lithotomy, Amputating, Trepanning, Obstetrical, and Dissecting Instruments. Catalogues sent on application. Also, publisher of the

DENTAL COSMOS: A Monthly Record of Dental Science. Devoted to the interests of the Profession. Edited by J. H. MCQUILLEN, D. D. S., and Geo. J. ZEIGLER, M. D. Terms, per annum, in advance, \$2.50. Specimen numbers sent on application.

DEPOTS—523 Arch Street, Philadelphia; 658 Broadway, New York; 16 Tremont Row, Boston; 102 Randolph Street, Chicago. 345

PHILADELPHIA

SUMMER SCHOOL

OF

MEDICINE.

No. 920 Chestnut Street, Philadelphia.

ROBERT BOLLING, M. D.

JAMES H. HUTHINSON, M. D.

H. LENOX HODGE, M. D.

EDWARD A. SMITH, M. D.

D. MURRAY CHESTON, M. D.

HORACE WILLIAMS, M. D.

The Philadelphia Summer School of Medicine will begin its third term on March 1st, 1867, and students may enjoy its privileges without cessation until October.

The regular Course of *Examinations and Lectures* will be given during April, May, June, and September.

FEE, \$50.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, and in Practical Obstetrics. They will be enabled to examine persons with diseases of the Heart and Lungs, to attend women in confinement, and to make microscopical and chemical examinations of the urine. The class rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text-books, Microscope, Chemical Reagents, etc., will be constantly open for study.

SURGICAL DISEASES OF WOMEN. A Course of Lectures will be delivered by H. LENOX HODGE, M. D., on Displacements and Flexions of the Uterus; Inflammation of the Uterus; Polypi; Fibrous Tumors and Cancer of the Uterus; Inflammation of the Ovaries; Tumors of the Ovaries; Ovarian Dropsy; Sterility; Vesico-Vaginal and Recto-Vaginal Fistulae.

PERCUSSION AND AUSCULTATION in Diseases of the Lungs and Heart will be taught by JAMES H. HUTHINSON, M. D., by Lectures, and by the Clinical Examination of patients.

WINTER COURSE OF EXAMINATIONS will begin with the Lectures at the University of Pennsylvania in October, and will continue till the close of the session.

Candidates for admission to the Army or Navy, and those desiring promotion to a higher grade, may obtain the use of the Class Rooms, and be furnished with private instruction.

Fee for Office Students (one year), \$100.

Fee for one Course of Examinations, \$30.

Class Rooms, No. 920 Chestnut St., Philadelphia.

Apply to

H. LENOX HODGE, M. D.,

479-530*

N. W. corner Ninth and Walnut Streets.

THE MEDICAL AND SURGICAL REPORTER.

No. 504.]

PHILADELPHIA, OCTOBER 27, 1866. [Vol. XV.—No. 17.]

ORIGINAL DEPARTMENT.

Lectures.

CLINICAL LECTURE ON THE USE OF THE LARYNGOSCOPE,

Delivered, April 28th, 1866, at the Pennsylvania Hospital,

By J. M. DA COSTA, M. D.

[Reported specially for the MEDICAL AND SURGICAL REPORTER.]

We have recently had several cases in the wards of the hospital of chronic laryngeal disorders, and you have seen, that both as regards their diagnosis and their treatment, the laryngoscope has played an important part. One of these cases, you will recollect, was afflicted with tubercular laryngitis, and the exact seat of the ulcerative disease in the larynx, as well as its unfortunate, and I am sorry to say unchecked, or but very slightly checked progress, was made manifest by the laryngeal mirror. In another case of ulceration, but dependent on a different cause, on syphilis, the ulceration was arrested, and the voice restored, while a very decided change in the vocal apparatus was then reflected in the mirror. In a third case we availed ourselves of the laryngoscope to ascertain if a peculiar form of stridor depended upon any appreciable lesion in the larynx, and finding the parts healthy, determined that it did not. In a fourth case, with very rigid vocal cords, subsequent to the trachea having been laid open during an attempt at suicide, we used the laryngoscope constantly to guide us in introducing a catheter between the cords, or in what is called catheterization of the larynx.

But it is not my purpose so much this morning to bring before you the cases again, as it is to call your attention to the mode in which they were investigated. And I intend to devote the hour to an examination of the method of making laryngoscopic explorations. In so doing, I shall take occasion more especially to dwell upon the clinical aspect of the matter, inquiring into the value of the laryngoscope, and its availability in practice. For many points concerning

its history and the like, I shall have to refer you to the numerous books which have already appeared on the subject.

The laryngoscope is nothing but a mirror, which is placed at the back of the throat, and illuminated in such a manner that the image of the larynx is formed on it. It would serve no useful purpose here to go over the steps by which the laryngeal mirror, such as we have it now, was finally perfected and introduced into practice. Sufficient to say, that though worked at by many, the subject only assumed practical direction subsequent to the experiments of GARCIA, made on himself, and the application of those experiments to diagnosis by TUERCK and CZERMAK. To CZERMAK particularly is the credit generally accorded of having demonstrated the real value of the instrument.

The laryngeal mirror, as now used, is a small mirror, made either of glass or steel. Those of steel are in some respects superior to those of glass, since they give a finer image; but they easily become tarnished and rust, and, taken altogether, are far less suitable for constant use. The best shape is either round or square, and we should possess them of sizes varying from half an inch to an inch and a quarter in diameter. And let me here advise you, though you may often be obliged to use smaller laryngoscopes, to get into the habit of employing the larger ones whenever practicable, since the image they furnish is apt to be far more distinct. The mirror is attached to a thin stem from four to five inches in length, and at about an angle of 125°. For the most part it is so arranged that the metallic stem slides into a hollow wooden handle. Ordinarily, circular mirrors are best borne, and those backed with silver furnish the finest reflecting surface. The mirror, in most examinations, is held at an angle of about 45° at the back of the throat, and should be quickly introduced, and placed near, or even applied to the posterior wall of the pharynx. The quicker the mirror is introduced, and the more decidedly it is placed in contact at once with the back of the throat, the less will be the faucial irritation. But to this matter, as well as to the exact mode of passing the mirror into the throat, we shall presently

recur more in detail. Let me merely add, that in every examination to prevent the reflecting surface of the instrument from becoming clouded by the breath, this surface of the mirror should be first warmed. This may be accomplished by holding it in warm water, or, and this is preferable, by passing it over the flame of a spirit-lamp, or over that of the lamp used in the illumination of the laryngoscope. After warming it, to insure that it is not too hot, we can, before passing it into the fauces, test its heat by applying it to our own hand, or to the lips or cheek of the patient. Other plans have been suggested of keeping the mirror undimmed, such as by the aid of an electric current, or by spreading a thin layer of glycerine smoothly over its surface; but the cases are rare indeed where such a procedure becomes necessary, the only advantage of which could be, that it enables the mirror to be kept in position for a long time. Yet this is very seldom an advantage; far better is it ordinarily to withdraw the mirror and reheat it, than to annoy the throat by leaving the instrument too long among these irritable structures.

The laryngeal mirror is all that is strictly requisite for inspecting the larynx, provided we illuminate the instrument properly after having placed it in position. This can either be done by letting the rays of the sun impinge upon it, or by making use of artificial light. Either can be employed directly, or concentrated by means of a reflector on the laryngeal mirror. Though in point of fact we rarely use direct light, save when the solar rays are available. The reflector most serviceable is a circular mirror, very slightly concave, or, when solar light is employed, plane. The former is about three inches and a half in diameter, has a focal distance of about fourteen inches, and is perforated in the centre. It may be worn on a frontal band, or be attached to a spectacle frame, or to the illuminating apparatus.

Now let me briefly review the mode of procedure you have seen me employ on several patients. Supposing we wish to examine by the direct light of the sun. We place the patient, his head slightly inclined backward, with his face toward the sun, and when we perceive that the pharynx is illuminated by its rays, we introduce the laryngeal mirror, standing or sitting in front of the person examined, in such a manner as not to throw a shadow on the laryngoscope, and with the axis of vision as closely as possible parallel to the impinging rays. The back of the observer is turned toward the sun, and the rays pass by the side of his head. But you will readily see that such a position is not always a very convenient one; moreover

it has to vary with the height of the sun, and the examination is much influenced by the situation of the room in which it is made. Thus, though the image we obtain by direct sunlight, is a very good one, we generally find it far more convenient to reflect the sunlight into the fauces from a small mirror attached to a stand, or from a reflector worn on the forehead. The patient sits with his back toward the window and the sun, and the observer quite close to him, facing the sun. After the back of the throat has been illuminated, the mirror is introduced and the exploration made in precisely the same manner, which I shall presently describe to you in detail, as when artificial light is employed.

I have thus explained how to effect a laryngoscopic examination by sunlight, whether direct or reflected. But you will readily understand that, as at some seasons of the year the sun is such an uncertain visitor, and even when brightly shining, it may not be in such a position as to send its rays where they can be made available, we have generally to conduct laryngoscopic examinations by artificial light. Now almost every variety of this has been used—the calcium light, gas, petroleum, the electric light, and several others. An ordinary petroleum light, or an argand gas burner is, however, generally quite sufficient, and I will describe to you how to conduct an exploration with artificial light of this kind.

To make an examination by means of artificial light, direct the patient to sit on a chair and place the flame of the lamp a little behind him, and somewhat above his mouth. Then tell him to open his mouth widely, to throw back his head very slightly and protrude his tongue. This advice is different from what you will find in many books on the subject, which recommend the use of a tongue depressor, special forms of which have indeed been devised, to facilitate laryngoscopic examinations; but as a general rule, you had better avoid a tongue-spatula. It complicates matters, and is, in the majority of cases, wholly unnecessary. The tongue is to be seized with the left hand of the examiner, covered with a soft napkin or handkerchief, and held firmly out of the mouth, or, if the patient can be trusted, he may do this; or again, he may depress the tongue on the floor of the mouth, though usually, I find the examination more satisfactory when the organ is protruded. Then, if using the ordinary means, the examiner puts on a reflecting mirror, which can be worn either on the forehead, or over the eye, like an ophthalmoscope, and looks through the central aperture. I prefer, and I know you will, for it is very much easier, to wear the reflector

tor on the forehead. Some place it in a position which is anything but comely to look at, over the tip of the nose. To support the mirror, the frontal band attachment, answers well; but the spectacle frame of SEMELEDER is, in many respects, more convenient.

Having got the patient in the desired position, and the reflector well adjusted, you throw a disk of light into the back of his mouth, then heat the laryngeal mirror, and holding it at the handle like a pen, introduce it rapidly, taking care to avoid touching the tongue, to the back of the throat. When there, be sure that it presses against the posterior wall of the pharynx, or is at least very close to it; the uvula rests on the upper surface of the laryngoscope and is pushed upward. The larynx now comes into view. The skill in using the mirror dexterously, tells in applying it firmly, not hesitatingly, against the wall of the pharynx and in holding it at a proper angle. Almost all beginners err in placing the instrument in a wrong position, with the reflecting surface horizontally, or else perpendicularly. The proper angle is about 45° , and, as you wish to see different parts, you rotate it slightly from side to side. To obtain a view of the whole of the interior of the larynx at once, is indeed scarcely possible. And though you may alter the inclination of the mirror for particular views, it is better not to move it much, but to remove the instrument when the patient becomes fatigued and reintroduce it to see any special point.

This is one method of using the laryngoscope, by artificial light. But you will readily perceive the objections to it. The application of anything to your head is annoying, particularly if you have to keep your head very steady; and, on the other hand, as the disk of light will shift by the patient changing his position, you will be obliged when he moves his head to move yours. Thus, as a general rule, some more permanent fixture is desirable than is afforded by wearing the mirror on the forehead, or over the eye. With this view lenses have been introduced into laryngoscopy, to reflect light into the mouth of the patient. In the first instrument of the kind the lens was placed in front of a lamp, to throw the light directly into the mouth of the patient. This is the method the French make use of to a great extent. Doing away with the reflector on the forehead, they place the patient directly in front of a strong light, and by means of a lens concentrate the light in the fauces. Although this, certainly in steadiness of application, is an improvement over the reflector worn on the forehead, or over the eye, it has strong disadvantages. The

lamp is very much in the way, especially if any application of remedies has to be made. And the same may be said of the large glass globe, filled with water, and placed before the light. To concentrate the light first on a slightly concave mirror, like that which is attached to the spectacle frame, by means of a plano-convex lens, or of a series of achromatic lenses; and then to reflect the rays from this mirror into the mouth; furnishes a far better, certainly a far more convenient mode of illumination. LEWIN's lamp is constructed on the former, TOBOLD's on the latter plan; and they are both very good. I have had an illuminating apparatus made which I have now used for upward of a year. It consists of a clamp, which is fastened around the part of the lamp just below the flame. Attached to the clamp, and susceptible of being lowered or heightened by a screw, is a metallic rod, which supports at right angles a thicker piece of metal about eight inches long. On this slides a large bull's-eye lens, which is fixed at its proper focal distance from the flame and the reflecting mirror, the latter being attached to the other extremity of the metallic arm. A dark lantern surrounds the light, excepting where adjacent to the lens. The patient sits at the proper focal distance from the reflecting mirror, which, being arranged on a universal joint, reflects the light at any angle desired. The mirror may or may not be perforated. But in any case the observer should look from about the same point as that from which the rays are sent into the throat; should, in other words, have his eye in their exact direction; a remark applicable to every laryngoscopic examination, no matter with what means it is made, and which implies that the examiner should not sit on a higher chair than the patient. Nay, as for several purposes, for instance, for examination of the trachea, the light is best thrown from below upward on the laryngoscope, which is placed more horizontally than usual, a seat lower than that of the patient may be more suitable.

The laryngeal image will not be, at first-sight, in strict conformity with your recollections of the anatomy of the part. Thus, the epiglottis is seen in the mirror above, and with its free edge inclined somewhat forward; the anterior wall of the trachea is perceived in the same part of the laryngoscope, while the arytenoid cartilages and the posterior extremity of the vocal cords are below, in the mirror. The right vocal cord is on its left, the left vocal cord on its right. During a full inspiration the cords are wide apart, when a high note is sounded, they are close together. You can, as already remarked, very rarely get a view of all portions of the larynx at once, and

hence shift the position of the mirror in accordance with the image you wish to obtain. Of course, the degree of flexion of the patient's head, the precise position of the light and of the eye of the observer, and any peculiarities in the conformation of the laryngeal structures will also alter the angle at which the mirror should be held. But any difficulty arising from these sources may be obviated by always bearing in mind three points: 1st, the exact anatomy of the larynx; 2d, the optical law, that the angle of reflection is equal to the angle of incidence; and 3d, the absolute necessity of letting a full disk of light fall on the laryngeal mirror. I have known many examinations miscarry, or be highly unsatisfactory, from the latter cause. The disk of light is thrown into the back of the mouth, but care is not taken to see that it really illuminates completely the mirror during the laryngoscopic exploration.

There are, even if you have learned thoroughly to manage the light, some obstacles at times to overcome, which depend on the conformation of the textures. For instance, the tongue may be very thick, and rise up constantly at the back of the mouth; the uvula be very long, the epiglottis pendant, and preventing a view into the glottis. These obstacles are, however, comparatively rare; one, very much more frequent, is an irritable condition of the fauces. More or less of this is apt to be met with in every person examined for the first time with the laryngeal mirror.

It is, indeed, one of the objections to the laryngoscope, that it is not always available at the first examination of the patient, as you may have to let him undergo a course of training before you can get him to bear the instrument in the fauces. In truth, when the throat is unusually irritable, and a laryngoscopic examination is required for diagnosis and treatment, you may be obliged to train the patient for some time, touching first the lips frequently, then the tongue, and finally passing a solid body back into the throat, until you obtain perfect tolerance for the introduction of the mirror.

But you will ask me, are there no means by which it is possible to lessen the irritability of the fauces at once, so as to make the laryngoscope of service at the first examination, or to overcome that intense natural irritability sometimes met with, which even an ordinary amount of training will not be sufficient to vanquish? Taking deep breaths, while the mirror is introduced and held in position, is useful. Sucking ice will answer in some cases; a solution of tannin thrown into the throat with a spray-producer

will produce some effect in others. A mixture of chloroform and morphia has been recommended, but gives rise to too violent irritation. Nor can I say that I have seen, either from the local or internal use of bromide of potassium, any decided results. Indeed, there is not a single local anæsthetic which will certainly enable us to make use of the laryngeal mirror, with ease, at once.

Finding local applications insufficient, I have tried general anæsthesia. Some time since I subjected a patient in these medical wards to etherization. Everything was ready for the examination; the sunlight was good, and all appeared favorable. But when the minute arrived at which the anæsthesia was produced; when the patient's limbs were relaxed, and the snoring breathing began, success could not be obtained. The experiment utterly failed, because it was almost impossible to get the mirror into proper position, owing to the movements of the patient's head, the still partially rigid jaw, and the totally helpless state of the relaxed body. But the greatest impediment was the large accumulation of froth which took place, passing out of the larynx into the fauces, and obscuring the view.

The next day, with the kind assistance of Dr. BARKER, I used nitrous oxide. The examination was readily effected, and the success was all that could be desired. I have since made several examinations in different persons in the same way, and with complete satisfaction. Yesterday some of the resident physicians witnessed the introduction of the laryngoscope in a patient under the influence of nitrous oxide. There was no difficulty whatever in placing the mirror in position: no froth; the mouth was kept widely open. There was not the least rigidity; the head was easily supported by the hand of an assistant, and the laryngoscope was held in the throat for fully one minute, the patient not being aware that it had been used, as he stated, so soon as the effect of the gas had passed off. I obtained a similar result in a patient who had by nature an extremely irritable throat. These experiments then, enable us to say, that when it is desirable, we possess, in the use of nitrous oxide, a means which will permit us to employ the laryngoscope, where otherwise it would not be borne.

Yet, understand me clearly, that in the majority of instances, means of this kind, as indeed any agents to counteract the sensitiveness of the fauces, are unnecessary. And it is astonishing how, as your own skill improves, you will find this matter more and more under your control. The more easily and the more dexterously you use the instrument, the fewer will be the cases

of irritable fauces that baffle your examination. Indeed, I now scarcely fail to obtain a view of the larynx, sufficient at least for diagnosis, in nine cases out of ten, at the first examination; whereas, when I commenced to practice with the instrument, the proportion of failures at the first attempt, was quite as large, if not larger, than that of successful explorations.

But the question will occur to you, is it worth while taking this trouble? Is the instrument of sufficient value in diagnosis and therapeutics to repay for the time and labor spent in learning its use? In regard to diagnosis, there can be but one opinion. No man now can attempt, no man certainly ought to attempt, to diagnosticate any chronic laryngeal disease, without the use of the laryngoscope, unless from some cause this instrument be not available. It would be like endeavoring to determine a disease of the heart without the aid of the stethoscope. In acute disorders the laryngeal mirror is both unnecessary, and will not be well borne by the patient. It is in chronic affections of the larynx and of the trachea that it comes so admirably into play. Infiltrations, ulcers, cicatrices, polypoid masses, etc., can be detected, which could only be guessed at without the aid of the laryngoscope, and guesses in medicine, as you well know, are often very far from the truth. But it is not simply in positive diagnosis that this instrument is valuable. We also find it of great service in what we may term negative diagnosis; in ascertaining that the supposed disease does not exist. Thus, when in a case where you suspect laryngeal trouble, you find the vocal cords opening during inspiration, and closing during the enunciation of high notes, and, indeed, readily moved by different sounds; and when the appearance of the larynx is just as it ought to be, then you know, no matter how much the symptoms point to laryngeal disease, that it is not present. This kind of information is often of very great value in the diagnosis of aneurisms for instance. The larynx being found healthy, your attention will be directed elsewhere, and the cause of the seeming laryngeal disorder traced to an aneurism. Or, take a case, which I recollect, where paralysis of one vocal cord was discovered by the laryngoscope, showing there was something pressing on one of the inferior recurrent nerves, which proved to be an aneurism. Or, let me cite an instance which came quite recently under my observation:

A young man was brought to my office, supposed to be laboring under some obstructive disease of the pharynx or œsophagus. He had

been unable to swallow solid food for upwards of a month, and even liquids could not be taken without much pain, and without their regurgitating, for the most part, through the mouth. He was becoming daily more exhausted and emaciated, had a cough, and had recently lost his voice entirely. A laryngoscopic inspection showed at once the true nature of the malady. The epiglottis was enormously tumefied, and the laryngeal structures within the glottis, so far as they could be perceived, were injected. A local application of a strong astringent solution, caused at once a very marked improvement in, almost a restoration of the voice, and great amelioration in swallowing. A few more applications enabled him to take food without trouble, and all but removed the disorder. Thus you see there are many ways in which the laryngoscope will be of great value in diagnosis.

You will ask, does it aid directly in therapeutics? Can it be made the means of treating as well as of inspecting the larynx? Of course, it furnishes you indirectly with much assistance in treatment, for the more knowledge you have of any disease, the more careful, considerate and rational will be your therapeutics. But so far as local treatment is concerned, with the majority of physicians the laryngoscope will probably for some time to come not play an important part. It will remain a means of diagnosis—unquestionably its first and greatest use—rather than of therapeutics. Yet, with every one who practises, the period arrives when he learns to hold the laryngoscope in one hand, and by means of the other to touch any point he wishes with any solution that appears indicated. It is an immense improvement over passing a brush or a sponge down into the throat—in a majority of instances not reaching the larynx—thus to be able to guide the hand by the eye. But the ability to do this is not to be acquired without much practice.

When you have a steady patient, and have attained sufficient dexterity to make an application to the interior of the larynx, use for that purpose a very small sponge or a very fine brush, suitably fastened in a holder or on bent wire, and let your patient open his mouth very widely. Then, taking the image in the mirror as your guide, you pass the sponge directly over the entrance to the larynx, and if your object be to make an extended application, you quickly raise the handle to which the small piece of sponge is attached, dipping the latter straight down into the glottis. Then pressing the sponge for a few seconds against the part you wish to

touch, you withdraw the sponge and the mirror rapidly, avoiding touching the gums and tongue. If the caustic, or any other agent you may employ, is only to be applied to a particular spot, you carry the sponge until it covers in the image, as seen in the mirror, the point that you desire to reach, and, watching a favorable opportunity, press it in the required direction. Of course, applications of this kind are only required in exceptional cases.

Before dismissing the subject, let me give you a caution about local applications. Do not become meddlesome. After you have learned the use of the laryngoscope, keep your hands from interfering. Recollect that the larynx is a part of the economy, and not the whole, and therefore, because you see a little congestion, or any other slight alteration, do not set to work to apply strong solutions to it. In cases of anæmia you will find a marked pallor and anæmic appearance of the laryngeal mucous membrane. You might as well attempt to cure this by the local use of iron, as to remedy other appearances in the larynx, when they form part of a constitutional state, by local agents. The laryngoscope is not the plaything some believe it to be, nor the means of value above all, others would have us think. It is an instrument the use of which you ought to learn, and which will come into general employ in time, as a means of diagnosis chiefly. And it is mainly a means of diagnosis; and only when kept in its proper place, an instrument of therapeutic value.

Communications.

CASE OF BRIGHT'S DISEASE.

By JAMES B. BURNET, M. D.,

House Physician, Bellevue Hospital, New York City.

Louisa Monroe, nineteen years of age, a native of Long Island, single, and a domestic, was brought into Ward 26, of Bellevue Hospital, on April 30th, 1866, complaining of œdema of her lower extremities. Of herself she gave the following history: Parents are healthy, and there is no known hereditary disease in the family. Up to a few months ago she had ever enjoyed the most perfect health. Her menses made their first appearance when she was twelve years of age, and, with the exception of the period of her pregnancy, were always regular. They would continue at each period for about three or four days, and she suffered no pain whatever with them.

About four months ago she was confined, and

delivered naturally after an easy and short labor. A few weeks after her delivery she took a cold bath, and slept without sufficient covering, and the next morning, when she awoke, she found her feet swollen, and her limbs were quite stiff when she attempted to walk. Then there appeared a slight swelling in her lower extremities, and, in about three weeks, when she arose in the morning, she noticed that there was also a swelling under both eyes. Her abdomen also seemed to her at times to be swollen. Her bowels at this time were regular. Before the œdema made its appearance her urine was quite scanty, but after the swelling came on it was very abundant, and in color presented a sort of a dark muddy appearance. Often she was obliged to arise three or four times during the course of the night to pass her water. At times she was sick at her stomach, especially after she took her supper.

When she entered the ward, the following was her condition: She was suffering from general œdema. Her legs were so stiff that she could not walk up and down stairs. Lungs and heart healthy. Tongue natural in appearance. She complained a great deal of a constant thirst, of much pain in the small of her back, and she was troubled at times with severe vomiting. For about one month before her entrance to the hospital, there had apparently been a sort of a cloud before her right eye, but she noticed no difference in the power of vision in the left eye. Her hearing was good; her appetite was poor. She felt strong, and did not feel sleepy or drowsy. Her legs and arms, however, felt dead and heavy. Her urine was not passed as freely as was formerly the case, and was not as dark as it used to be. No particular shortness of breath, except on considerable exertion. She easily became wearied. The pulse was regular and quite strong. Her head and back ached very badly, especially in the morning and evening. The urine was examined chemically and microscopically, and found to be loaded with albumen, and also to contain hyaline and fatty casts.

The *diagnosis* of BRIGHT'S disease was made, and the *treatment* consisted in the application of dry cups over the kidneys, elaterium in one quarter grain doses, potassæ bitart, ʒij., to aquæ Oi., to be taken during the day. Tr. ferri chlor., twenty drops three times a day, and hot air baths every other day.

June 25th. Œdema is rapidly increasing. Same treatment.

During the months of July and August she remained about the same, with the exception that the anasarca had considerably decreased.

In the early part of September she gradually became worse, her strength decreased, her intellect became clouded, and she was very drowsy at times. She had no convulsions, but passed into a semi-comatose condition, in which she remained, the coma gradually deepening for three days, until death took place. A *post-mortem* examination was made, and the following were the appearances: Liver and kidneys fatty. Considerable oedema of lungs. Two pints of fluid were found in the pleural cavity. Spleen and heart healthy.

BIOGRAPHICAL SKETCHES OF Distinguished Living New York Physicians.

By SAMUEL W. FRANCIS, A. M., M. D.,

(Fellow of the New York Academy of Medicine.)

IX.

Isaac E. Taylor, M. D., etc.

(President of Bellevue Hospital Medical College.)

"Each proselyte would vote his doctor best,
With absolute exclusion to the rest."—*Dryden*.

ISAAC E. TAYLOR, M. D., was the son of WILLIAM and MARY TAYLOR, who were born at Cambridge, England, and came to this country in 1797, settling in Philadelphia, where his father became very successful in mercantile pursuits at first, but subsequently lost much of what had been accumulated. Their family consisted of eight children, of whom two girls and three boys are now living; the subject of the present sketch being the youngest. His brother, BENJAMIN E. TAYLOR, D. D., is a clergyman; and his other brother, Dr. OTHNIEL H. TAYLOR, M. D., is a physician of eminence in Camden, N. J.

Dr. ISAAC E. TAYLOR, was born at Philadelphia, Pa., (in a house once occupied by General WASHINGTON,) 25th April, 1812, during the troubles between England and the United States. He first attended a boarding-school near Philadelphia, besides being instructed by a private tutor. He entered Rutgers College when fourteen years of age, and was at one time suspended for playing billiards; but did not remain idle during his "rustication," for he kept up with his class; re-entered the junior year, and was graduated in 1830.

During his suspension at home, he also attended a course of medical lectures on anatomy, chemistry, and midwifery; it being the last course delivered by the late Dr. P. S. PHYSICK and Dr. JAMES, Professor of Obstetrics.

Being now Bachelor of Arts, he at once turned his attention to the study of law and medicine,

and entered the office of his brother, Dr. OTHNIEL H. TAYLOR, at that time practising successfully in Philadelphia, and was in due time graduated Doctor of Medicine from the University of Pennsylvania, in 1834.

His Thesis was on Hæmoptysis. In 1840, six years after receiving his diploma, he visited Paris, and entered the office of Prof. CAZEAX, the better to learn more about those diseases which have continually interested him during his professional career.

In 1832, during that direful epidemic, he assisted in the cholera hospital in Philadelphia, of which his brother was Physician-in-Chief.*

Immediately after his marriage, in 1835, with Miss ELIZA MARY, daughter of STUART MOLLAU, a distinguished merchant of New York, he was induced by the earnest solicitations of his father-in-law to enter into business, and realize in a few years an abundant competency. And accordingly he became associated with him in connection with branch-houses in five of the largest southern cities. As there were many clerks, and his time was not fully engrossed, he became dissatisfied with his present mode of life, and returned to his first love, medicine, in 1839. This was much against the will of his connections, for he had the brightest prospects of making a speedy fortune, but his reply was: "I would rather make ten dollars by my profession than thousands in business." And he has ever since remained true to his determination. His family consists of one son and three daughters.

During his sojourn in Europe, he travelled extensively, attended the hospitals in Paris and Dublin, and visited other places of interest.

In 1839 he commenced to practice in the city of New York, and was attached to the City and Eastern Dispensaries, and in 1841, on his return from Europe, re-associated himself with the City, Eastern, Northern, and DEMILT Dispensaries, as Attending Physician, having charge, in each, of the diseases of females. When in 1841, he attended the City Dispensary, he had private classes of four in each, attending these cases; and this was the first time that clinical instruction was given on diseases of females in the United States. Dr. LEWIS A. SAYRE was one of those students; and on one occasion, while he was in the office of Dr. GREENE, an important case occurred, which rendered it uncertain to those medical men present, as to whether a woman had ovarian disease, a tumor of some kind, dropsy, or pregnancy, the consulting physicians present not be-

* At that time there were ten cholera hospitals in the city.

ing able to come to any definite conclusion. "Young SAYRE," Dr. TAYLOR told me, "quietly applied his ear to the abdomen, and announced, to the surprise of all, that he heard the beating of the foetal heart. This settled the question; and he has always since acknowledged his gratitude to me for the instruction he had received from the *clinical* advantage afforded him, through which he became acquainted with foetal auscultation."

In November, 1840, Dr. TAYLOR read before the New York Medical and Surgical Society a paper on the Diseases of Females, and Nervous Diseases Treated in the City Dispensary. This was among the first papers in which mention was made of the speculum being used in the United States. It was published, at the request of Dr. A. H. STEVENS, in the *New York Journal of Medicine and Surgery*, 1841. While connected with these dispensaries, during his seven years' experience, his associates in the same institutions were Drs. SWETT, BULKLEY, BUEL, PARKER, MCCREADY, WATSON, and others. He also visited the Colored Orphan Asylum for two years.

On asking the Doctor his opinion of the use of tobacco, he replied, "I occasionally smoke, and really enjoy a good cigar. Too much smoking is, like over-indulgence in all pleasure, somewhat injurious. But a moderate use of it I do not consider hurtful." The Doctor's health has been always excellent. His religious faith is Protestant, and he attends Rev. Dr. RICE's Presbyterian church.

His favorite branch of practice is obstetrics, diseases of women and children, and thoracic diseases; and he has put on record his belief that cholera is not contagious.

I asked him, one day, if he would be a Doctor again, and in answer, was told, "Yes; with all my heart I would. I love the profession." His height is 5 feet 10½ inches, and weight about 175 pounds. He never competed for any prizes, but has studied steadily the progress of science and disease, often rising at three in the morning to prepare his lectures for the coming term, as at that hour he finds his mind clearer and more capable of grasping a given subject. Not a little of his present skill is due to his attendance on the summer school of Drs. CHAPIN, HODGE, GIBSON, Profs. R. W. RANDOLFE, and MEIGS. He also received a free ticket from Dr. G. S. PATTERSON, Professor of Jefferson Medical School, and attended one winter.

In 1851, Dr. TAYLOR was elected by the "Board of Ten Governors," Physician to Bellevue Hospital, his appointment having been previously

suggested by the Board of Aldermen, before the Board of Governors was organized. In April, 1860, the Commissioners of Public Charities and Corrections superseded the Board of Governors, being composed of SIMEON DRAPER, *Pres't*, MOSES H. GRINNELL, ISAAC BELL, and JAMES B. NICHOLSON, four gentlemen of integrity and energy, who have done much for the benefit of the community at large, and the poor in particular. These Commissioners brought about great reforms, and were the means of causing a complete renovation of the former system in Bellevue Hospital. The by-laws were revised and remodelled, and a Committee of Inspection was appointed, through which the Medical Board of Bellevue was represented, and by whom the principal means of communication was held with the Commissioners. It was composed of Drs. TAYLOR, A. B. MOTT, and L. A. SAYRE; Dr. TAYLOR being chairman. During the first meetings of this committee, important changes were effected, for Dr. TAYLOR suggested that the *warden* and *clerk* should not be associated with *this* committee. Under the former medical board, they had been on the executive committee, and had exercised much controlling influence. But this was now done away with, and the medical men stood on their own ground, free agents in a conscientious cause. The dead-house was now placed under the sole direction of the Committee, being a very important change for the members of the Medical Board of Bellevue; but not in any way excluding the other schools of medicine, which institutions were to be supplied with bodies in proportion to their students. And now already the benefit of past actions was perceived, for the Warden had no longer, as formerly, any control over the bodies for post mortem examination and dissection, which had once been a formidable obstacle against the attending-physicians and surgeons obtaining specimens for the purpose of illustrating their lectures in the various colleges. About this time it was noised abroad that one of the prominent physicians of one of the schools had said, "That if he could not have post-mortem examinations, except at the option of the Warden, he would resign." This did much to bring about that beneficial change.

November 25th, 1860, President SIMEON DRAPER addressed a note to Dr. TAYLOR, requesting him to meet him officially, as chairman of the Committee of Inspection. Dr. TAYLOR went, and during the interview Mr. DRAPER asked him, "whether he thought the Medical Board of Bellevue Hospital would have any objections to assume the duties of medical attendants at Black-

well's Island, after the completion of the Island Hospital, which would be in a short time?" Dr. TAYLOR replied that he thought they would have no objection, but would accept of the medical direction there; and, moreover, stated that Dr. SANGER was then Resident-Physician on the Island, and if he deemed a change desirable, he would endeavor to effect that object.

Dr. TAYLOR then called a meeting of the Committee of Inspection at his house, Nov. 26th, 1860. The meeting resulted in a call "for a meeting of all the members of the Medical Board at the office, No. 1 Bond street, on Saturday, Dec. 1st, at 7½ o'clock. Present, Commissioners DRAPER, NICHOLSON, BELL, Doctors TAYLOR, J. R. WOOD, MCCREADY, SMITH, CRANE, CLARK, MEYER, GOULEY, PARKER, MOTT, CHURCH, GREEN, SAYRE, and LOOMIS."* The object of this meeting was "to unite the entire medical department of their government under one Medical organization, excepting only Randall's Island and the Lunatic Asylum, and embracing, besides Bellevue Hospital, the care of the patients of the Penitentiary, Almshouse, Workhouse, Island Hospital, and Small-pox Hospital."† A committee was now appointed to examine the Hospitals on Blackwell's Island. It consisted of Drs. CLARK, MCCREADY, TAYLOR, CRANE, J. R. WOOD, and MEYER, and Dr. TAYLOR was constituted chairman. As Dr. CLARK did not serve on that occasion, Dr. GREEN was elected in his place.‡

On the occasion of the report of the Medical Board, Dec. 18th, 1860, after speaking of the increase of patients, Dr. TAYLOR said:

"As there were great opportunities for advancing the cause of medical science, thus attracting a large number of students to the city of New York, it becomes an important question, whether, ere many days elapse, the Bellevue Hospital should have—nay, ought to have—connected with it, and established, a COLLEGE for the education of young men, independent of a *Clinical Hospital*, thus making it one of the largest schools and hospitals united together? The question, therefore, is now put to the Medical Board, by the Committee, for their consideration, with the hope, that when the Institutions on the Island, and the Bellevue Hospital, are completely regulated, some means may be adopted to found a *university* or college similar to many of the medical institutions abroad. *There are many reasons why a college should be established*, and every exertion should

be attempted to accomplish it. It will be materially aided by the Commissioners, who will be proud to come up to the work at the proper time for completion.*

"Signed,

"ISAAC E. TAYLOR, *Chairman, etc.*"

This suggestion to establish a college was referred back to the Committee for further action, and Dr. TAYLOR, preferring three more to be added, nominated Drs. STEPHEN SMITH, GEORGE T. ELLIOT, and CRANE.

After several meetings of the Committee, it was decided to merely address a letter to the Commissioners, embodying their views, and requesting their opinion on the subject, and the best manner in which to commence their work.

Three days after this Dr. TAYLOR called on Mr. DRAPER for his answer, and it was favorable. It was simply: "All you have to do is to prepare a charter." On the strength of this suggestion Dr. TAYLOR drew up the charter, February 1st, 1860, and submitted it to the Commissioners and Committee of Inspection, for approval, January 11th, 1861. Those present on this occasion were Messrs. DRAPER and NICHOLSON, and Drs. TAYLOR, MOTT, and SAYRE.† The charter was read, and the Trustees named, and subsequently selected by Mr. DRAPER, who sent the charter to Senator ANDRUS, to be presented in due form to the Legislature.‡

* After Dr. TAYLOR's Report as Physician on Duty at Blackwell's Island, and Chairman of Committee of Inspection, he made the above remarks to the Medical Board, suggesting the establishing of a college in connection with the hospital, which report was separated, and is in the "Minutes of the Medical Board." Dec. 18th. Special meeting of the Medical Board at Dr. TAYLOR's, when the Report of the Sub-Committee (Drs. TAYLOR and WOOD) was read by the Chairman (Dr. TAYLOR), and then a Committee of FIVE were appointed. To Drs. TAYLOR and WOOD were added Drs. STEPHEN SMITH, GEORGE T. ELLIOT, and CRANE, as nominated by Dr. TAYLOR. See Minutes of Medical Board, Dec. 18; also Minutes of Committee of Inspection, Dec. 14, which met at the hospital; also Report to Commissioners, dated 15th December. The report to the Medical Board, recommending the college to be established, was a separate one, and was also read, December 14th, at a meeting of the Commissioners, and Committee of Inspection, 7½, P. M. Present—Messrs. Draper, Grinnell, Bell, Nicholson—Commissioners; and Drs. Taylor, A. B. Mott, and Sayre, Committee of Inspection. See Minutes, Dec. 14. After this the report was sent, Dec. 15th, to the Commissioners; and the other report, recommending the college, read, Dec. 18, at Dr. TAYLOR's house, No. 13 West 20th street, N. Y.

† See Minutes of Committee, January 11, 1861.

‡ As it will become a matter of medical history, it is deemed important that a complete list of the names first associated with this great enterprise should be incorporated in this series. The following extract from the Minutes of the Commissioners, for 1861, will prove of interest:

"AN Act to incorporate the Bellevue Hospital Medical College of the City of New York, of the State of New York, represented in Senate and Assembly, do enact as follows:

John W. Francis, M. D., Isaac Wood, M. D., Alonzo Clark, M. D., Benjamin W. McCready, M. D., Isaac E. Taylor, M. D.,

* See Minutes of the Commissioners of Public Charities and Correction, for 1860 and 1861, vol. 1, p. 384.

† Idem.

‡ At a meeting at Mr. KEEN's house, a sub-committee was appointed, composed of Drs. TAYLOR and J. R. WOOD. Dr. TAYLOR acting as chairman. See Minutes of Com. of P. C., vol. 1, p. 400, appointment of Dr. ISAAC E. TAYLOR, Visiting-Physician to Blackwell's Island Hospital for December, and p. 420 also.

March 29th, 1861, as Chairman of the Committee on the College Dr. I. E. TAYLOR addressed a note to Mr. DRAPER, requesting that action be taken with a view to erect a building at once, etc. (page 161, vol. 2), and was answered the same day by Mr. DRAPER, President, requesting him to present, in detail, their wishes on the subject.

This was answered, April 8th, 1861, by Dr. I. E. TAYLOR and B. W. MCCREADY, Committee of Medical Board, and a definite explanation as to their object made. I make the following extract in explanation, as pertinent: "It is intended that the Bellevue Medical College, though possessing a faculty taken from the Medical Board, shall be an institution entirely separated in its government from that Board. The faculty of the new college occupying themselves as a faculty only with the instruction of students, leave the present relations between the Board of Commissioners and the Medical Board altogether unchanged (see page 164, vol. 2.) Permission to erect a hospital was soon after accorded by the Commissioners, and the plans submitted by Messrs. POST and GAMBRILL, architects, were adopted. About this time Dr. TAYLOR applied for leave to visit Europe, but owing to certain reasons did not go.

The Trustees and faculty met at his house, April 25th or 26th, 1861, and it was on this occasion that Dr. TAYLOR suggested, that instead of erecting a new building, it would be more economical for the present, to alter the old Dead House, where also the Museum was. This was stated by Mr. DRAPER, and was agreed upon. The Committee of the Building, appointed, at a meeting of the Medical Board, in April, at Dr. ISAAC WOODS' house, reported that plan.

From this time matters took a practical turn,

George T. Elliot, M. D., B. Fordyce Barker, M. D., Alfred L. Loomis, M. D., John W. Green, M. D., Theodore G. Thomas, M. D., Valentine Mott, M. D., Alexander H. Stevens, M. D., James R. Wood, M. D., Lewis A. Sayre, M. D., John J. Crane, M. D., Stephen Smith, M. D., Willard Parker, M. D., Alexander B. Mott, M. D., Carl Theo. Meier, M. D., John W. S. Gouley, M. D., William H. Church, M. D., and their associates, are hereby constituted a body corporate, by the name of the Bellevue Hospital Medical College of the City of New York, of the State of New York, for the purposes of instruction in the various departments of medical science, professed and taught by said College.

"2. Simeon Draper, James B. Nicholson, Isaac Bell, Jr., Moses H. Grinnell, John J. Astor, Moses Taylor, William B. Crosby, John Ward, Samuel D. Cook, George F. Tallman, Edward Minturn, J. P. Geraud Foster, Anthony L. Robertson, E. H. Chapin, John Hughes, Robert T. Haws, Richard M. Blatchford, Robert L. Hone, James T. Brady, Watts Sherman, and Matthew Morgan, are hereby constituted a Board of twenty-one Trustees, etc. * * * * *

"10. This Act to take effect immediately."

but nothing of any especial interest occurred till May 5th, 1863, when Dr. TAYLOR suggested establishing the Out-door Department (see page 209, vol. 3 & 4, Min. of Commissioners.) This arose from the following circumstances. April 21st, 1863, Mr. DRAPER sent a communication to the Medical Board on Specialties, and a regular meeting was held, April 29th,* approving of them. Thus, as specialties were objectionable to outer schools, and sustained by members of the Medical Board of Bellevue Hospital, Dr. TAYLOR proposed an Out-door Department, which would meet both ends in view. May 10th, Drs. FLINT, Jr., and TAYLOR, suggested that Mr. DRAPER call a special meeting of the Medical Board of Bellevue Hospital to reconsider the subject of specialties.† This was held. The next meeting was at No. 1 Bond street,‡ and a special meeting was held at Dr. ISAAC WOODS', June 10th or 11th, and a Committee of two were elected to report on the subject, as proposed by the Commissioners, at their office, June 8th. This Committee consisted of Drs. CLARK and FLINT. They reported: Dr. CLARK preparing the part on Operatives of the Hospital (page 227), and Dr. FLINT that which referred to the Out-door Department. This report set aside the specialties of hospitals as prepared April 21st, 1863, and passed unanimously (see pages 203 & 234, *idem*.)

President DRAPER soon after made some excellent remarks concerning out-door Poor, and their wants,|| and in talking over the matter with Dr. TAYLOR, it was decided that the "Out-door Department" should in future be recognized by the name of "Bureau of Medical and Surgical Relief," which it now bears. Nothing of importance occurred till April 6th, 1865, when active measures were adopted concerning this Department.‡ Also November 10th, 1865, the Executive Committee of B. H. M. College were very much interested in this movement. The taking of immediate steps was strongly advocated by Mr. NICHOLSON, one of the Board of Commissioners; and ISAAC BELL, President, called a meeting, and requested Dr. TAYLOR, ex-officio, to organize the Bureau. Everything looked favorably, but it was at length superseded in its action by other influences. At a regular meeting, May 7th, 1866, a report was

* See pages 203-5-8-9, and 10, Minutes of Commissioners, 1863, vols. 3 & 4.

† See page 214, Minutes of Commissioners.

‡ See page 222, Minutes of Commissioners.

|| See page 254, Minutes of Commissioners.

§ See vol. 6, Minutes of Commissioners, P. C. & C., pp. 103, 112, 115, and 586-7-8.

made to ISAAC BELL, President, and the Commissioners, and was adopted.*

This Bureau was organized June 23d, 1866, and soon went into full operation, June 28th, 1866. A communication from Dr. ALEXANDER B. MOTT, Secretary, "Transmitting proceedings† of meeting held June 22d, 1866, for the organization of the Bureau for 'Medical and Surgical Out-Door Relief,' which was held at the house of Dr. I. E. TAYLOR, 13 West 20th street." * * * *

Extract from the Minutes:

"On motion of Dr. SAYRE, Dr. TAYLOR was called to the chair.

"On motion of Dr. FLINT, Dr. MOTT was appointed Secretary.

"Dr. WOOD moved to proceed to the election of President and Secretary of the organization. Carried. The balloting resulted in favor of Dr. I. E. TAYLOR for President, and Dr. A. B. MOTT for Secretary.

"On motion of Dr. GOULEY, the votes for President and Secretary were declared to be unanimous." * * * *

Names of Medical Staff.

PHYSICIANS.

Alonzo Clark, M. D.
Benjamin W. McCready, M. D.
Isaac E. Taylor, M. D.
George T. Elliot, M. D.
Alfred L. Loomis, M. D.
John W. Greene, M. D.
Theodore G. Thomas, M. D.
Austin Flint, M. D.

SURGEONS.

James R. Wood, M. D.
Alexander B. Mott, M. D.
Lewis A. Sayre, M. D.
John J. Crane, M. D.
Stephen Smith, M. D.
J. W. S. Gouley, M. D.
Frank H. Hamilton, M. D.
H. A. Sands, M. D.

About this time, though the several Institutions on Blackwell's Island were under the immediate supervision of the Bellevue Hospital Board, it was not considered, by the Commissioners, to bring about such successful issues as they had anticipated, in its relations with the Island Hospital, Small-Pox and Fever tents. Accordingly it was proposed that the matter should be taken under consideration, and Dr. TAYLOR was requested to make any suggestions that he might deem conducive to the condition of the patients, more supervision and aid being required. In one instance no case of instruments could be found, while Drs. J. R. WOOD and TAYLOR were officially inspecting the four Hospitals, and on this occasion Dr. WOOD was obliged to probe a fistula in ano in the Almshouse Department, by the aid of a knitting needle.‡ Dr. TAYLOR accordingly proposed an outside and independent organization, with the additional member of the Board. The following explains itself:

"NEW YORK, March 12, 1866.

"DR. ISAAC E. TAYLOR:

"Sir—You are respectfully requested to call

* See Pamphlet of Minutes, May 17th, 1866, page 222. Dr. STEPHEN SMITH acted as Secretary on this occasion.

† See Minutes of Commissioners, etc., page 331, June, 1866.

‡ See Letter of Dr. I. E. TAYLOR to Commissioners. Minutes, Vol. 1, page 422.

together the members of the New Medical Board of the Island Hospital, at as early a period as possible, for the purpose of organization, and to nominate the House-Staff for the ensuing season.

"The newly-chosen members of the Island Hospital Board have been notified of their election.

"Yours truly,

ISAAC BELL, President."

The permanency of Bellevue Hospital College would not have continued an established fact, had not the out-door Department been suggested, for this, in not a few points, reconciled opposing elements and opened a field to the interested. At present the building is erected and a lease given, which offers complete security against outside pressure, and the majority of difficulties are overcome, legal and political resistance proving of no avail, "to the contrary notwithstanding." Any promoter of so useful and successful an enterprise must contemplate its advancement with feelings akin to rapture. In speaking of this College and its surroundings, Mr. MOSES H. GRINNELL, one of the Commissioners, and a member of the Board of Trustees during its commencement at the Academy of Music, said "that the college was established four years ago by the Commissioners of Charities at the suggestion of the President, Professor TAYLOR. Great good had already been accomplished through its instrumentality, * * * *". He asked the citizens of New York to give the college, which he believed to be unequalled by any in the country, their cordial support."*

The New York Medical Journal Association held its first meeting at his house, where Dr. STEPHEN SMITH and himself first proposed its organization, (see page 72, *Medical Register*, N.Y. 1866.) This has grown to be a most useful enterprise, and the library is now placed in the Mott Memorial Building; a munificent donation to the profession and city, by the widow of the late Napoleon of surgery, whose instruments and books may be judiciously used.

For three years Dr. TAYLOR investigated closely the practice of Homœopathy, with the conclusion that it was excellent treatment for diseases which would get well of themselves, and had produced

* At the opening of the Bellevue Hospital Medical College, for the Session 1866-7, Prof. A. B. MOTT, M. D., etc., while delivering the Introductory Address, October 10th, 1866, stated some interesting facts:

The College was founded and opened in 1861, and its number of medical students increased in the following manner:

	Students.	Graduated.
Session, 1861-2,	121	—
" 1862-3,	183	41
" 1863-4,	307	94
" 1864-5,	323	111
" 1865-6,	470	171

Is there another institution in this country whose growth has been as rapid, and its facilities so abundant?

one benefit, to wit: the lessening of those old-fashioned heroic overdoses, which, in carrying off disease also washed away health. Among many of his characteristics, those peculiarly prominent, are punctuality and earnestness, his love for his profession, diffidence and marked courtesy to those with whom he comes in contact. His library contains many valuable works, published in France, Germany, and the United States.

As a lecturer he is full and general, at times going into details that at first seemed superfluous, but during the lecture bear with additional power upon his subject.

List of Dr. Taylor's Medical works:

1. Report of Cases of Diseases peculiar to Females and Nervous Diseases, treated in the New York City Dispensary—read before the New York Medical and Surgical Society in November, 1840, and published at the request of Dr. ALEXANDER H. STEVENS in the New York Journal of Medicine and Surgery, Vol. 4, for January, 1841. This was among the first papers in which the use of the speculum was mentioned.
2. Edited Dr. EVORY KENNEDY'S Work on Auscultation, with numerous plates and notes, unfolding the views entertained by STOLTZ and CAZEUX, concerning the Cervix Uteri, 1843.
3. Remarks on the use of "Liquor Hydriodate of Arsenic and Mercury in Cutaneous and Uterine Diseases." This was its first introduction to the notice of the Profession at large. Published in the American Journal of Medical Sciences, for April, 1843.
4. On Rheumatism of the Uterus and Ovaries—read before the Pathological Society in New York, March 12, 1845, and published in the Journal of Medical Sciences, July, 1845.
5. Report of cases of Aphonia and Syphilitic Ulceration of the Larynx, treated by the Sponge Probang, with solution of the Nitrate of Silver, read before the New York Medical and Surgical Society in April, and published in the May number of the New York Journal of Collateral Sciences, 1845. This paper was the cause of a committee being appointed, which consisted of Drs. BUCK, SWETT and F. C. STEWART, who were to report as to their view on the propriety of introducing the Sponge *Larynx*, saturated with a solution of Nitrate of Silver, into the Larynx. Soon after, Dr. GREEN read his paper before the same Society, on Topical Applications, May, 1845.
- In speaking to me on this subject, Dr. TAYLOR unhesitatingly asserted that it was his firm conviction after much observation and no little experience, that in *very few cases* was the physician successful in introducing his sponge etc., etc., into the Larynx, it being his misfortune almost invariably to pass it into the œsophagus, which is almost always sure to be the result. This is an important fact, and worthy of experimental investigation.
6. Paper on Protrusion of the Eye, resulting from Rheumatic Inflammation of the Tunica Vaginalis Oculi, in New York Medical Times, June, 1845.
7. Protrusion of the Eye, or Exophthalmus, and Enlargement of the Thyroid Gland, as a sequence of Anæmia. New York Medical Times—with a plate—December 1852.
8. Syphilitic Mucous Tubercles and Secondary Syphilitic Affections of the Os Uteri; and Hereditary Transmissions. New York Journal of Medicine, May, 1853, and republished in several German Journals, and read before the Society of Medical Inquiry, April, 1853.
9. Monograph on the Sunburnt Appearance of the Skin, as an early diagnostic sign of the Supra Renal Capsule Disease. Published with illustrations in the New York Journal of Medicine, September, 1856.
10. Remarks on a case of Regurgitation of the Stomach, successfully treated by the inhalation of Chloroform. Published in New York Journal of Medicine, Nov., 1856.
11. Case of Labor with anteversion of the Uterus in that state. Published in New York Medical Times for September, 1856.
12. On two successful cases of Recto Vaginal Fistula, cured by a new operation. Published in New York Medical Times, 1856.
13. Observations on the non-shortening of the Supra and Infra Vaginal Portion of the Cervix Uteri to the full term of Gestation. Read before the Academy of Medicine, and published in the American Medical Times for June, 1862. Illustrated with morbid specimens and diagnosis.
14. Case of Procidentia Uteri of fifteen years' standing, successfully treated by being replaced, showing the error of the so-called large Hypertrophies of the Cervix Uteri, which is only an eversion of the cervix. Read before the County Medical Society, New York, and published in the New York State Medical Transactions, 1864.

15. Monograph on "Placenta Prævia" with a *resumé* of the various opinions thereon, etc., etc. Read before the County Medical Society, February, 1865, and published in the State Transactions for 1865. There are many errors in the paper as it appears in the State Transactions, but these have been rectified in a new and revised edition, published by Dr. TAYLOR in quarto form, and elegantly printed and illustrated by excellent engravings.
16. Monograph on Recto Vaginal and Recto Labial Fistula, operated on after a new method. Published in the New York State Medical Transactions, for 1866.

Hospital Reports.

PHILADELPHIA HOSPITAL, }
October, 1866. }

SURGICAL CLINIC OF WM. H. PANCOAST, M. D.

Specially reported for the MEDICAL AND SURGICAL REPORTER.

Pathological Specimens.

Cancer. I here show you, gentlemen, an interesting pathological specimen of scirrhus deposit. The patient, an elderly and fat woman, afflicted with incurable blindness, about eighteen months ago found a small lump appearing in the left mammary gland, near the nipple. She felt no pain until about three months since, when the lump ulcerated, and an abscess formed in the left axilla. From the involvement of the axillary glands the cancerous poison soon rapidly spread through the glandular system, and when she came into my service in this hospital, I found her in a most deplorable condition: both breasts enlarged and indurated; the glands in the axilla of both sides affected, and so much so on the left side as to interfere, by their pressure, with the circulation, and producing enormous oedema of the left arm. The poor sufferer was very patient, but she was so prostrated, and I deemed the glandular system so thoroughly involved, as to render any operation useless, and could only make her as comfortable as possible. If she had not been so weak I intended showing her to you as an example of the cancerous cachexy. She died very suddenly from the rapid supervention of hydrothorax, a sequence of an attack of pleurisy. In these specimens that I show, you can see how the enormous and sudden effusion of serum had compressed the left lung, there being found two and a half gallons of serum in the left plural cavity. The right lung but partially compressed, this plural cavity containing but a small amount of fluid. There were ten fluid ounces of serum in the pericardium. The heart was normal. There were fourteen gall-stones in the gall bladder. The surface of the body presented a waxy appearance, and the superficial fascia of the abdomen was one inch thick. The cancerous deposition is general in the body, showing that if any operation had

been performed upon the breasts that it would have returned elsewhere. The left mammary gland was fastened immovably to the subjacent fascia, and the pectoralis major and minor, and the fascia of both sides, infiltrated with cancerous deposit. The microscope revealed cells crowded with nuclei and nucleoli, which I consider a more certain indication of the malignant character of the disease than the mere caudated shape of the cell; also, however, we have the spindle shaped, broad, oval, and caudated cells, their presence proving the existence of the cancer; but their absence, when we have this crowded and distended condition of the cell, not disproving the existence of cancer.

The kidneys were affected, and a large cyst is upon the apex of the right one, and it is very much engorged. You see here how red and congested is the structure around the Malpighian pyramids, as well as the cortical portions. The ovaries are in a state of cancerous degeneration, as well as the fibrous coat of the liver. The liver is small, and there are adhesions between its serous covering and the parietal peritoneum. This then, gentlemen, was a case in which it would have been foolish and cruel to have operated, and may well be called a *noli me tangere*.

Tubercle. These pathological specimens which I now show you are from an insane patient, who died suddenly from violent hemorrhage from the lungs, due to the opening of some blood-vessel in the neighborhood of this extensive abscess, which I here show you, as it enlarged itself by progressive ulceration. This patient was not in the surgical wards, but comes from the medical service. But according to the history of the case, furnished me by my assistant, Dr. MEARS, he was transferred to the medical wards suffering from pneumonia. These specimens are interesting, showing to you the results of tuberculosis. The presence of these tubercles, the size and appearance of this cavity in the left lung, lead us to believe that the patient was suffering for some time previously with phthisis pulmonalis, and that the pneumonia, which you see has been general, being superadded, was more than the weakened lungs could bear. The smaller blood-vessels even, overdistended with blood, and softened by ulceration, might have burst, and poured out a sufficient quantity of blood to have destroyed the patient in his enfeebled condition, so that it is not necessary to believe that the vessel opened was a large one.

We have also in these lungs, in the various states of engorgement and inflammation, excellent specimens of the three stages of pneumonia. Here, in the least congested part of these inflamed lungs, I show you simple engorgement, engorgement in the first stage of the disease.

In this part, where the engorgement also exists, the lung is loaded with watery fluid, and hence softened so that you can thrust your finger readily into its substance, is the second stage; the one of red softening, ramollissement rouge—red hepatization.

Now in this part where there has been suppuration, the substance has a gray appearance from the effusion or infiltration of pus, and represents very accurately the third stage; gray softening or

gray hepatization; the ramollissement gris of ANDRAL and LENNEC.

Here I show you an evidence that the tuberculosis was general in this section of the brain, for, on the arachnoid membrane covering it, here are tubercles distinctly to be seen.

Fracture of the Clavicle.

Now this patient has had fracture of the right clavicle, near the acromial end, but, as the poor woman did not have it set properly at the time when it was broken, the deformity has resulted which you see. The length of this clavicle measured from the sternum is, you see, evidently much less than on the sound side, more than an inch difference, owing to the over-riding of the fragments at the point of fracture; and we can feel the large lump made by the callus which united them. The shoulder, you see, is lower, and seems more forward than on the sound side. The clavicle is the key-bone to the shoulder, its only bony connection with the thorax, and acting as a fulcrum to the arms as levers, gives man all those motions of climbing, embracing, grasping, etc., which are only common to those animals having this long support to the shoulder. Therefore, when this support is gone, by the fracture of the clavicle, the shoulder falls forward and downward, and the arm is almost useless. Then the fragments will override each other, and if not kept in position, one will have this deformed appearance that you see, and this bony mass of callus. Hence, you see the importance of holding the shoulder upward, backward, and outward, the indications for the treatment of this fracture by appropriate dressing, so as to make a neat adjustment of the fragments, and a perfect recovery.

Granular Conjunctivitis.

These two men that I now bring before you, are two cases of granular conjunctivitis. You saw them at my last clinic, when I brought so many cases of conjunctivitis in different stages before you, from the simplest congestion and inflammation of the conjunctiva to the most direful results of the disease. The Eye Ward is filled with these cases, many of which come into the Almshouse for support when the ravages of the disease have destroyed their sight, so that we can do but little for them. And in showing them, I impressed upon you the importance of attending to conjunctivitis in time, and of your paying especial attention to the cases shown and their treatment. And if you learn how to cure granular conjunctivitis, you will have mastered a most important point in clinical instruction, and will render yourselves most valuable members of any community, wherever you may reside. For what a glorious privilege it is to save an eye, to restore a patient from a living death to life again, to all those numerous enjoyments that come through the transparent cornea.

Yet in these two patients you see the cornea clouded; in one, the cornea of one eye is so opaque, from the interstitial deposit of plasma, that no light can pass through it. He is blind in it. When the opacity is slight, resulting only from the deposition of plasma in the cellular tissue or lamina of the cornea, we call it albugo, but when it is the dense white opacity, as you

see in this eye, resulting from the cicatrization of wounds or ulcers, we call it leucoma; so you see it is a difference but of degree, depending only on the severity of the ophthalmia and the consequent amount of deposition of plasma. No practical difference.

Now how is this opacity produced? How was this eye lost? In a healthy eye, the cornea is a clear transparent window, no bloodvessels can we see in it. We even teach that it is a non-vascular structure, nourished by imbibition from the capillary blood-vessels that terminate in loops at its circumference; and yet here I show you in the eyes of these two patients bloodvessels permeating the cornea in great number, shooting over from the circumference, to the centre. In this eye you see a large bloodvessel, almost the calibre of a fiddle-string, permeating the very substance of the cornea, and softening it. What must be the consequence if neglected or badly treated? Why an effusion of plasma, a destruction of the cornea as great as in this eye, which is lost. An opacity, a heavy curtain, shutting out all beauty from the recognition of the mind, and a curtain which then cannot be raised.

Now what is the condition of these eyes? When I evert the lids, as I now do, one after the other, you see these heavy granulations, this thickened condition of the palpebral conjunctiva; that is the cause. In simple conjunctivitis, cold in the eye, we can readily, in healthy subjects, relieve the irritation and congestion of the bloodvessels of the conjunctiva, if we see it in the first stages, often with simple astringents, and cooling or soothing lotions, with rest. But when the inflammation has lasted for a long time, in broken-down constitutions especially, or when badly treated, we will find that delicate lining of the eyelids which ordinarily moves so gently over the ball, so delicate that the smallest particle of dust will interfere with its smoothness of motion and produce friction, to become more and more congested and inflamed until the palpebral conjunctiva will become thickened with granulations, which will stand out in irritating protuberances, as you see in these cases of granular conjunctivitis, rendering the lids like nutmeg-graters painted a bright-red. What must result, then, but increased and more violent inflammation, from the friction; the conjunctiva covering the ball will become more and more inflamed until every minute capillary is enlarged, and the whole cornea one mass of bloodvessels, as you see in this eye, and then, if not arrested, that most dreadful of calamities, blindness.

Now can we save these eyes? Can we restore the transparency of the cornea? Can we reduce the redness of the ball? Can we restore this nutmeg-grater to smoothness? I think we can. The eyes that you have already seen are improved, and I think we can benefit and cure these. But no simple soothing lotions alone will do it. We must relieve this congestion. The eye must be scarified, and if that will not do, I will shave off some of these granulations. When the intense congestion is relieved, why then our lotions will have some effect, and not till then. I not only scarify the ball at the circumference of the cornea, but here you see me cut the cornea itself,

and how the blood wells out from a structure where we say there should be none. I have frequently tapped the cornea in this way in such cases, and though I have seen no one else do it, yet I am satisfied that it is right in such cases, and I have never seen anything but good result from the practice. For when the cornea is so congested as you see in these cases, cutting the continuity of the vessel at the circumference is not sufficient. The blood-vessel, as you see here, remains distended with blood, and you wish that relieved as quickly as possible. When it is emptied, as you now see, and the continuity of the vessels destroyed, the palpebral conjunctiva thoroughly scarified, as I now do, you relieve the violence of the inflammation in the most rapid manner possible, by a bloodletting at the very focus of the inflammation. We will now let these patients bathe their eyes in warm water, so as to encourage all the bleeding possible; and after that we will apply to the eyes a collyrium of

R. Strychniæ,	gr. i.
Acid. acetic.,	gtt. ij.
Aquæ rosæ,	f. ʒj. M.

and let it be dropped in the eyes four to six times in the day. This I find a very useful collyrium, when there is so much photophobia as you see in these cases.

I will let them apply warm or cold water, or pieces of ice to the eye, whichever is the most agreeable to the sensation, and from time to time a starch poultice, warm or cold, as long as it is pleasant. They will be kept in a dark room, and as they are in an atonic condition, I will build them up, and give them quinine. When the effect of this wash is exhausted, I will change to other eye lotions, for I find that in these chronic cases we have to generally ring the changes; when one eye-wash fails in its efficacy, then change to another. I shall bring these cases again before you, and report the progress of the cases in the Eye Ward.

Phymosis.

I now show you, gentlemen, three cases of phymosis. Two of these are acute, and by the ulcerated edges and the characteristic appearance of the patients, especially this one, upon whom the secondary condition is so well marked, you will at once recognize the syphilitic cachexia. Now these are cases requiring operation, for from the indurated feeling of the prepuce, we at once recognize the presence of ulcers concealed beneath the prepuce, which the injections thrown within the prepuce do not seem to cure.

Now if there was only one little Hunterian chancre hid in this manner, so as not to be amenable to treatment, it would be a reservoir of the syphilitic poison sufficient to impregnate the whole system. So, what is our bounden duty? Why to bring these chancres into a position so that they can be cauterized or cut out. Therefore, in both these cases, I will slit up the prepuce, and turning it open, will expose the ulcers which here exist, so that we can treat them.

In performing this operation, I carefully introduce a groove-director under the prepuce, as far back as is necessary, being very careful that

it is only between the prepuce and the gland, and not in the urethra, which mistake would entail the splitting up of the glans penis. Being sure, then, of the position of my groove-director, and laying the back of my knife in its groove, I cut at once through the prepuce. In this manner, in this other patient, also you see I expose the glans perfectly, and by everting the prepuce, can make whatever application is necessary to the chancres. I at once, however, immediately after the incision, apply this chloride of zinc to the edges of the wound, cauterizing them, and preventing their becoming inoculated. It is for this reason that I only open the prepuce, and make no attempt to improve the appearance by trimming off these dog's-ears on either side of the glans. When the chancres are cured and the prepuce in good condition, I can then make another operation for that purpose.

The operation I will then perform as I now show you on this colored boy, who has this bad phymosis of long-standing. The orifice is so small that I can just introduce the groove-director, when it should be large enough to allow the glans penis to pass freely. With the same precaution I have just mentioned, I cut through the prepuce on the director, and now trim off these dog's-ears nicely, around even to the frenum præputii, and nicking the frenum, I tear it down, thus preventing hæmorrhage, and giving full motion to the prepuce over the glans. To make this present a natural appearance, and because the mucous membrane is so altered and thickened, I trim it closely down, leaving only a hem all around the glans; to this hem I now fasten, by a sufficient number of sutures, the skin, and invert it in this manner upon the glans, and when union takes place, the skin will gradually change its character to that of mucous membrane, and we will have a capital prepuce.

Gunshot Wound of Foot. Amputation.

This colored patient, John W., aged 26 years, of Newbern, North Carolina, was wounded about two and a half years ago, the ball entering on the heel, and being removed through an incision just opposite the internal malleolus; the wound had healed up. When a child he suffered severely from white swelling at this ankle joint. His father was affected with the same disease in both ankles. This ankle of the patient has always been larger than the sound one, and, when admitted, it was 16 inches in circumference, and the other 10 inches. A case of chronic synovitis, which progressed from bad to worse. You see how enormously swelled is this lower portion of the leg, the many sinuses, some of them leading down to a necrosis of the lower third of the tibia. The pus is fetid and sanious, characteristic of the condition of such a patient, of a marked strumous diathesis, thin, feeble, and losing flesh every day. He has been in the house some weeks, and in the hands of my colleagues, assistants, and myself, everything has been done to build him up, so that his health might rally, and enable us to save his limb and his life. My assistant, Dr. MEARS, reported that he was gradually failing, and, in consultation with my colleagues, we have decided that his best and only chance is to have the source of irritation, and

this drain upon his system, removed. The result, however, will be doubtful, as he is in such an unfavorable condition for any operation; but, as he will die if this drain is kept up on his vitality, I consider it my duty to give him a chance for his life by amputating the limb. As the necrosis seems extensive, and the tissues much altered, I will amputate at this point, the junction of the middle with the upper third of the leg. I propose to make a flap operation, and as I can make a long flap on the outside of this left leg, saving as much tissue as possible, and I fear the bone is much diseased, I will perform the rectangular flap operation of Mr. TEALE, of Leeds, England, which he told me he preferred for nearly all amputations, making them on the thigh and arm. I think, however, the place of election for his form of the flaps is on the lower part of the leg and forearm. It seems to suit the necessities of this case, and I will make the long flap according to his law, the length of one-half the circumference of the limb at the point of amputation, and the short flap which is meant to contain the most important vessels and nerves, one-eighth the circumference of the limb. My assistant holds the leg up, as you see, to drain the limb, and to save every drop of blood we can, encouraging the draining by friction toward the body. The patient is now under the effects of the anæsthetic. The tourniquet is tightened, and we are now ready. I have marked in ink the lines of the incision, so you can see them and understand the operation. The instruments I need being at hand, my scalpel, saw, forceps, and tenaculum, while my assistants have the ligatures, needles, retractor, and dressings ready; and seeing that the tourniquet is well secured on the femoral artery, I commence. I enter my scalpel at the junction of the middle and upper third of the leg, a little to the inside of the crest of the tibia, and, pushing it to the bone, carry my incision down on the tibia to the margin of the ulcerated surface; now holding the skin back firmly, I carry my knife across at right angles to the incision just made, and cutting down to the bone to a little on the outer side of the fibula, I now turn my knife again at right angles, and cutting down on the posterior and outer surface of the fibula, I complete the long flap, and dissect it up from the bones to the points where I entered, and withdraw my knife; now holding my knife firmly in my grasp, I rapidly make the posterior flap, cutting down to the bones, and dissect this short flap up. Holding back with these flaps, I loosen them a little, so they shall draw up a little further, so that the bones shall be well covered, and passing my knife between the two bones, I am now ready for the saw. Applying the retractor, one tail being drawn between the bones, and drawing the flaps well back, I apply my saw, so that it shall go through both bones at the same time, without splintering the bone, and the operation is performed. Now putting the flaps together, you see what a capital stump this should make, coming up neatly together, and covering admirably the bones. We will now ligate the vessels. As the tourniquet is loosed, you see how the vessels in these lardacious looking flaps ooze, and how softened the vessels are. I am glad that we have

plenty of flap, as they look unhealthy, and may slough; it would not, however, have been justifiable to have gone further up; and trusting that we will be able, by careful nursing and good diet to support our patient, trust for the best. He seems much prostrated, though he has lost but little blood. We will leave the flaps open for a while, until all the oozing is arrested, and then drawing them together with silver wire, which I do not think here any better than the well-waxed silk ligature, some of which we will also use. I will support the flaps with good adhesive strips, and covering the stump with a light dressing, put it at ease on a pillow, so that it can draw easily. We will give the patient at once half a grain of morphia, and repeated in one-eighth grain-doses every hour, while necessary. I will report to you the progress of the case, whether favorable or not, and will now conclude the clinic of the day.

EDITORIAL DEPARTMENT.

Periscope.

Chloride of Copper—Its Medical uses.

Dr. TH. CLEMENS, of Frankfurt, a. M., has communicated, during the past twelve months, several articles to the columns of the *Deutsche Klinik*, on the use of a spirit of chloride of copper as a disinfectant and as a prophylactic in cholera epidemics. He asserts that it is an established fact, supported by experience, that workers in copper-mines and in copper fabrics remain protected against the cholera poison. He claims that this substance has a peculiar effect upon the abdominal ganglionic system. In chronic diarrhœa, in irregularities of alvine evacuations, in lead colic, in hypochondria, and the cardiacal paroxysms of hysterical girls, he has used it with the result of curing them often, in a short time. He gives from three to six drops every morning, in a mouthful of light wine. In the summer-complaint of children, in addition, he rubs it over the belly. He has also employed it in typhus. He has also employed the vapor of chloride of copper. He also uses it as a lotion in suppurating wounds. It is made by dissolving two drachms of chloride of copper in two pounds ordinary spirits, and then adding to the solution half an ounce of chloroform. To produce the vapor, this is burned in an ordinary spirit lamp. If there is no lamp at hand, roll some cotton-wool on a plate, moisten it with a drachm of the spirit, and set fire to it.

In large hospitals, it can be placed in the halls and allowed to burn all day long. As a lotion, two drachms of the chloride of copper to two pounds distilled water. Moisten charpie with this and lay it over the wounds. When the spirit is used externally, it must be rubbed in well so as to create a feeling of warmth, and produce a tonicity of the nervous system of the skin.

Dr. CLEMENS claims this material to be the strongest, quickest, and most continuous disinfecting medium known.

A good way to disinfect a room is to put out a

coal-fire by throwing chloride of copper water over it.—*Druggists' Circular*.

Reviews and Book Notices.

Elements of Medical Chemistry. By B. Howard

RAND, M. D., Professor of Chemistry in Jefferson Medical College. Philadelphia: T. Ellwood Zell & Co., 17 and 19 South Sixth Street. 12mo., pp. 399.

DR. FRANKLIN made it a maxim to "avoid all unnecessary actions." If he had made it also to include unnecessary *words*, and could have enforced it upon all authors, especially, what pyramids of paper, and seas of ink might have been saved! We are reminded of this by the fact that the successor of Dr. FRANKLIN's grandson, in the highly honorable position of Professor in the Jefferson College, has just presented, in this book, a model of brevity. It is well remarked in his Preface, that it would have been an easier task to produce a larger volume. Being "a full set of notes of the author's course of Lectures," it must become an indispensable hand-book to all of his pupils.

Professor RAND has long held, as he has deserved, a high position as a teacher of Chemistry. We doubt the existence of his superior in this country as an instructor of medical students in that department. The simplicity, clearness, and absence of all superfluity, which characterize his lecture-room demonstrations, are seen in this book from the beginning to the end. We have only to regret, now and then, an *excessive* curtailment; which, for some readers and beginners, not among his own students, leaves the work not absolutely complete. As so good and useful a manual will bear hypercriticism, one or two of these may be noted.

Thus, (p. 15), *matter* is defined as "anything that can be grasped in the hand." Can *air*, or any gas, or even a liquid, be *grasped* in the hand? The definition should or might have been, "anything perceptible by our senses." Again, in the brief account of chloroform, (pp. 309-10), no mention is made of its anæsthetic property. Though, as it is said, "its uses are too well known to be detailed," yet this property is mentioned in the cases of ether and nitrous oxide. By the way, the word "anæsthetic" does not occur in the glossary, at the end of the book. Neither does "notation," "nomenclature," nor "symbol," etc.; so that, convenient as the glossary is for its purposes, and notwithstanding the fulness of the list of contents, we would judge that an Index ought to have been added. No account of the unitary

system of notation, nor of any of the new views which threaten to revolutionize chemical theory, as well as nomenclature, occurs in the book. Prof. RAND is undoubtedly right in teaching at the present time systematically upon the "older notation, nomenclature, and equivalents, as best adapted for elementary instruction." But some brief mention of the views proposed and adopted by several very eminent chemists would have been well.

This last omission has of course been one of deliberate design. The author's care and industry in bringing up his text-book to the day in its facts, is shown by his description of "atomization," and of local anæsthesia by rhigoline, as well as by ether; and by his full account of nitroglycerin. This last term suggests, as a minor point, that we are sorry not to have Prof. RAND's authority (as a lover of brevity in *orthography*) for omitting the final *e* from all such words. In this book we have, on one page, *acrolein*, with glycerine, nitroglycerine, and glonoine; and, elsewhere, *salicin*, *phloridzin*, with quinoidine, caffeine, (caffeina, p. 339); *fibrin*, *casein*, *gelatin*, *kreatin*, with kreatinine. It is true that *quinine* has become so much a common and commercial word as not to be changeable; in all the rest we would go with those authorities who dispense with the superfluous terminal vowel.

As an especially good point in Prof. RAND's book, we would remark upon the due apportionment of space to its different subjects; not, as in another late manual issued from the press of this city, giving an inordinate amount of room to physics; which, after all, is rather from practical necessity than scientific propriety, allowed a place in a chemical treatise or course of lectures. Further, a commendable precision, of great use to the medical student, is observed in designating the terms employed in the last edition of the U. S. Pharmacopœia; and the relative medical or chemical importance of different substances is very well indicated by typographical distinctions.

The Publishers have done full justice to Prof. RAND's book, by issuing it upon beautifully tinted paper, extremely well printed, and with, not many, but as far as they go, good illustrations. Although FOWNES' will be very hard to displace from general use, medical students may feel themselves greatly indebted to Prof. RAND, for furnishing them with a Text-book so portable, convenient, and concise, and yet so lucid and full as to the really essential elements of chemistry.

Medical and Surgical Reporter.

S. W. BUTLER, M.D., *Editor and Proprietor.*

PHILADELPHIA, OCTOBER 27, 1866.

WHAT WE HAVE DONE SINCE JULY!

Our readers cannot help observing that this journal is made the constant medium of familiar, pointed, practical communications on all subjects of interest to medical men. A brief analysis of the sixteen numbers of the current volume already issued since the first of July last, shows the following facts. Of long articles, occupying say from one to four pages each, we have published *sixty-four*, or an average of *four* to each number. Under the head of "Hospital Reports," the same number of clinical cases have been published; that is, an average of *four* in each number. Many of these have been very important, instructive cases. *Forty-seven* articles, on various topics, have appeared in the Correspondence department. These articles are generally short, pointed and instructive; and coming, as they do, from men who are in active every-day practice, most of them being country practitioners, they give the REPORTER a practical value to the medical man, that is possessed by no other medical periodical in this country. The three departments named, have alone, in a little more than three months, given the profession no less than *One Hundred and Seventy-five* articles, an average of about *eleven a week*; all of them original, and emanating from men engaged in the active duties of the profession, in every section of the country. Besides these, these numbers contain Reports of Medical Societies, Periscope, Reviews of Books, Editorial articles, and News and Miscellaneous articles, too numerous to do more than refer to now, and all calculated to instruct and interest the profession.

Were we disposed to make invidious comparisons, we might place the contents of the REPORTER in contrast with those of other journals, and, we flatter ourselves, much to its advantage. But the profession have the discrimination to judge of the comparative value of the various journals, and have honored the REPORTER with their patronage from every section of the country, until it has become as truly cosmopolitan in extent of circulation, as it has always aimed to be in spirit. We are thankful to receive these evidences, that we are acceptably fulfilling a mission which was almost unwittingly assumed sixteen years ago.

The above thoughts were suggested by the following, which we extract from a business letter

recently received from a professor in a city in one of the western States:

"Perhaps there is no medical journal in this country that is read by a larger number of medical students than the MEDICAL AND SURGICAL REPORTER. I heard one remark, only the other day, that although there were five medical journals taken at the office where he studied, yet the REPORTER was more generally read than any of them, and the reason assigned for it was, that the matter which it contained, nearly all came fresh from the hands of those who were engaged in the active duties of the profession. Keep it thus, and you will never want for active support among the working members of the profession."

A large amount of testimony of a similar character could be adduced, to show how much is thought of the REPORTER by its readers. We are thankful that a liberal support has given us the means to do as much as we have done, and we only long for the ability to do still more. This we will be enabled to do as our circulation extends, and therefore bespeak the active coöperation of all our readers in adding to our subscription list, and thus add still more to the literary value of the REPORTER.

Notes and Comments.

The Death of Dr. Brainard.

Dr. DANIEL BRAINARD, of Chicago, a distinguished surgeon, and Professor in the Rush Medical College of that city, died of cholera, on Wednesday, the 10th inst. He had but recently returned from a prolonged absence in Europe.

Dr. BRAINARD has long occupied a prominent position in his profession, having for many years been a leading teacher of medicine in Chicago, a surgeon of considerable ability, and for some time editor of the *Chicago Medical Journal*. The lectures in the Rush Medical College were suspended a week, in consequence of his death.

A Liberal Offer.

We have on several occasions spoken in commendatory terms of the *Galaxy*, a fortnightly magazine published in New York, which is a very creditable addition to our American periodical literature.

The second volume begins with the issue for November 1st. The publishers make the liberal offer to all who purchase that number, to give with it a pamphlet of 165 octavo pages, containing the first twenty-six chapters of "The Claverings," ANTHONY TROLLOPE's latest and best novel,

which is still being published in each successive issue of the *Galaxy*. Purchase this number as a specimen from a news-dealer, or send thirty cents to the publishers, W. C. & F. P. CHURCH, 38 Park Row, New York.

A New Artificial Leg.

We have examined an artificial leg invented by Dr. H. L. BYRD, formerly of Savannah, Georgia, now of Baltimore, Md. The improvements claimed are in the socket, and supporting cylinder. The socket is made of a perforated material, allowing free ventilation to the stump. The limb is light, and by an ingenious contrivance has some lateral, as well as forward and backward motion at the ankle-joint. Dr. BYRD has formed a partnership with Mr. D. W. KOLBÉ, of this city, for the manufacture of this leg.

Correspondence.

FOREIGN.

DUBLIN, September 29th, 1866.

Cholera. Mixed Fevers.

EDITOR MEDICAL AND SURGICAL REPORTER:

It is almost impossible to think or write about anything except cholera and its belongings, not that other diseases have vanished from amongst us, as is generally thought to be the case during a cholera epidemic; on the contrary, other epidemic diseases seem to be on the increase. Typhus and typhoid fevers, scarlatina, diphtheria, small-pox, and erysipelas, all seem to be more than usually prevalent; and the cholera, so far from diminishing the fatality of these affections, seems to have impressed them with some of its own malignancy.

There have been several instances in the hospitals where typhus fever, erysipelas, and typhoid pneumonia, have assumed unusually malignant characters, defying all treatment, and rapidly running into a state of choleraic collapse. A case at present in hospital, under the care of Dr. GRIMSHAW, exhibits a remarkable example of what has been stated above. A boy, aged sixteen, was admitted, on September 20, with all the characteristic symptoms of typhus well marked; the boy was ill six days, dating from the first rigor. His father died from cholera, after a few hours illness, on the day previous to his son's admission. The case went on, as such cases usually do, until September 22, when choleraic symptoms developed themselves. The pain and gurgling, on pressure over the cœcum, being well marked,

and the characteristic discharges being present, but no rose spots could be discovered, the skin being covered with the mulberry rash of typhus.

As such cases of mixed fever are common at present, Dr. GRIMSHAW treated this patient as he had done others of the same kind. On the following day, on Dr. GRIMSHAW's visit, he found the patient exhibiting all the signs of cholera—cold surface, vomiting, and purging, but no cramps worthy the name. The next day the symptoms continued the same—the boy vomited a large lumbricus. After this the vomiting and purging ceased, but the state of collapse has become worse and worse, until the present time, when the glands of the neck became swollen, and there is every appearance of rapid sinking of the vital powers beyond all hope of recovery.

A case of erysipelas followed the same course under the care of Dr. HANDY; as did also a case of pneumonia under Dr. GRIMSHAW's care. A case of typhus lies at present in the hospital presenting similar characters.

As to the progress of cholera here, the number of cases during the past week have increased, but not to such an extent as to cause me to alter the opinion expressed in my last letter, that we are likely to escape a serious epidemic this year. The number of deaths for the weeks ending September the 15th and 22d have been respectively 55, an increase of three on the previous week, and 65, an increase of ten on the previous week. The returns for the month will, I apprehend, be much the same as for last. The treatment of the disease seems to have had much the same success as on former occasions, being apparently more successful as the epidemic advances.

The only new remedy for cholera lately proposed has been tincture of Callabar bean (*physostigma venenosum*), introduced to the notice of the profession by Dr. MAPOTHER, the Medical Officer of Health for the City, through the columns of the *Medical Press and Circular*. Although very few cases have been reported, yet there is sufficient evidence in favor of the remedy to warrant a further trial. But, as the treatment is founded on the supposed truth of Dr. JOHNSON's theory of cholera, it seems very questionable whether, on further trial, the bean will be found to possess properties superior to other cholera medicines in use at present.

T. W. G.

— Dr. JOHN BROWN, of Edinburgh, author of Raab and his Friends, Spare Hours, a popular work on Health, and other works, was recently announced as having become insane. We are glad, however, to notice that he has recovered and has resumed his ordinary duties.

MEDICAL AND SURGICAL REPORTER.

No. 505.]

PHILADELPHIA, NOVEMBER 3, 1866. [Vol. XV.—No. 18.]

ORIGINAL DEPARTMENT.

Lectures.

A LECTURE ON AGE: ITS INFLUENCE IN
MODIFYING THE EFFECT OF DISEASE.

BY PROF. A. P. DUTCHER, M. D.,

Of Cleveland, Ohio.

SHAKESPEARE, in his beautiful drama, *As You Like It*, has divided the life of man into seven ages, and describes them thus:

"At first the infant,
Mewling and puking in the nurse's arms;
And then the whining school-boy, with his satchel
And shining morning face, creeping like snail
Unwillingly to school; and then the lover,
Sighing like furnace with a woful ballad
Made to his mistress' eyebrow; then a soldier,
Full of strange oaths, and bearded like the pard,
Jealous in honor, sudden and quick in quarrel,
Seeking the bubble reputation
Even in the cannon's mouth; and then the justice,
In fair, round belly, with good capon lined,
With eyes severe and beard of formal cut,
Full of wise saws and modern instances.
And so he plays his part: the sixth age shifts
Into the lean and slipper'd pantaloon,
With spectacles on nose, and pouch on side,
His youthful hose well-served, a world too wide
For his shrunk shank, and his big manly voice
Turning again toward childish treble pipes,
And whistles in his sound. Last scene of all,
That ends this strange, evenful history,
Is second childishness, and mere oblivion—
Sans teeth, sans eyes, sans taste, sans everything."

That these different periods of life have a powerful influence, in modifying the effect of disease, upon the human system, will be doubted by no one who has studied the subject with that care which its merits demand. We all know that age not only changes and modifies the mental character of individuals, but exposes them to maladies of diverse character. Appetites and passions, that are predominant in youth, lose their influence in manhood, and at an advanced age, are entirely obliterated and forgotten; while others of a different character may have taken their place.

I. Infancy and Childhood.

In infancy and childhood, the wants of the system are vastly different from any of the other periods of life. There is always in childhood a

proportionally greater demand for nourishment than when the body has attained its maturity; and to supply this the calls of hunger require frequent attention. They also take much more active exercise than adults, which invigorates digestion, and contributes to the more rapid formation of blood for the growth of the system. The quantity of the blood is also greater at this period of life, and is observed to be brighter in color, coagulates more speedily, throws off less serum, and leaves the crassamentum more soft and watery.

The diseases of infancy and childhood are mostly inflammatory, and as a general thing, inflammation is more severe in childhood than at any other period of life, and runs its course more rapidly. Exudations of lymph or other matters are quickly thrown out, and occur in situations where they are not commonly found in adults, as for example, in the mucous membrane of the larynx in croup. Effusions readily occur in serous membranes, as in the arachnoid; and softening or ulceration takes place in the mucous membranes, as we find throughout the whole tract of the intestinal canal; this is one reason why dysentery is more fatal among children than adults.

In children, more particularly than in adults, diseased action, once commenced in the mucous membrane, shows a marked tendency to extend along its entire extent, so much so as to constitute a peculiarity of disease in early life, and becomes a source of the greatest danger. Thus ulcerations or inflammations of the fauces and pharynx are liable to extend to the œsophagus, or more especially, into the larynx and trachea. Thus the exudation thrown out in croup tends to extend down the air-passages; and even common bronchitis shows such a strong tendency to spread universally over the bronchial surface that the danger of the disease in the child is much greater from the extent of the surface affected, than from the intensity of the inflammation at any particular point. So of the gastro-intestinal mucous membrane, it being equally remarkable here that the tendency to spread is downward along the mucous membrane, but seldom in the opposite direction.

The transference of diseased action from one part to another, is more common in children than adults. Hence the universal dread of the sudden disappearance of eruptive disorders, which apprehension is generally carried too far, and often leads to very erroneous modes of practice. It is right for the physician to prevent as far as possible the sudden suppression of inflammatory action going on in the skin, as the eruption of measles, scarlet fever, or other cutaneous diseases, for this is often succeeded by morbid action set up in the alimentary canal, chest, or head. The first is perhaps the most frequent; in measles, the chest is often attacked under such circumstances, and at the close of scarlatina, the head. Indeed, the suppression of any accustomed discharge, as chronic diarrhoea, may have the same effect. Every practitioner has met with examples of this kind.

Diseases usually denominated nervous, do not occur in childhood, although the nervous system is so susceptible to derangement; and this is usually manifested in spasms or convulsions, and arises from morbid action in the brain or spinal cord, or sympathetically, in consequence of the process of teething, or disorder of the digestive organs. Convulsions occur in infancy, and epilepsy and chorea in childhood; the latter, in particular, about the fourth or fifth year; but nervous affections, such as hysteria or hypochondria, are not to be seen at this age. Neither do we often meet with neuralgia.

Observation will soon teach you that the common causes of disease affect children with more severity, in general, than adults; but from some of them they are entirely free. Irregularity of diet or improper food constitutes a more frequent source of illness in children than those more advanced in life; and derangements of the stomach and bowels, which are so liable to be induced, lead to serious results at this period of life. Brain troubles and fevers, particularly of a remittent form, are more common at this age, and frequently prove very fatal. During a medical experience of twenty-seven years, I have seen more than fifty cases of acute cerebro-spinal meningitis in children under six years, and I cannot now remember more than four out of that number that recovered, and it would have been just as well for one of the little patients if the disease had terminated its existence, for ever after it was idiotic.

Mental impressions, which have such a powerful influence in producing disease in the adult, have but little effect upon children. They are little disposed to anticipate evil, and quickly forget

past suffering. Yet the injurious effect of the depressing passions upon their health may be witnessed in the pale and dejected appearance of children who, through a mistaken zeal, are subjected to an over-rigid discipline; or we may behold painful examples of what is commonly called home-sickness among children recently removed from the attractions of a pleasant home to one of our soul stultifiers—a modern boarding-school. Fear or anger, if sudden or violent, that have but a transient effect upon the adult, may produce the most lasting and serious consequences on the child. There are several instances on record where fear has produced sudden and fatal illness in children. The following instance, related by Sir ASTLEY COOPER, in his *Lectures on Surgery*, should be printed in large capitals, and posted up in every school-house throughout the land, as a warning to those teachers who are in the habit of frightening their pupils into obedience.

“A child, for some trifling offence, was put by its schoolmistress into a dark cellar. It was dreadfully frightened at the idea of being put there, and cried violently the hour it was confined. When she returned to her parents in the evening, she begged that she might not be put into the cellar; the parents thought this extremely odd, and assured her that there was no danger of their being guilty of so great an act of cruelty; but it was difficult to pacify her, and when put to bed, she passed a restless night. On the following morning she had a fever, during which she frequently cried, “Pray, do not put me into the cellar.” The fourth day, she was brought to my house, in a high state of fever, with delirium, frequently muttering, “Pray, do not put me into the cellar;” and when I inquired the reason, I found that the parents had learned the punishment to which she had been subjected. I ordered what I considered to be likely to relieve the fever, but the child died in a week after this unfeeling treatment.”

There cannot be the least doubt that many of the ills of life are the consequence of improper physical and mental training in childhood. This is the most impressible period of life, injuries inflicted now are seldom if ever eradicated. And no man in society can do more to prevent them than the conscientious, upright physician. A word fitly spoken to a passionate teacher or parent, will sometimes accomplish wonders. Some parents have naturally a scolding, fretting, and fault-finding disposition, and they seldom fail to sour the milk of human kindness in the youthful breast. They should be taught that a firm and unyielding, though mild persuasive course, wins the heart of the child over to goodness, and leaves no room for the

growth of those noxious passions which embitter and ruin the human soul.

‘ Speak gently! it is better far

To rule by love than fear!

Speak gently! let not harsh words mar

The good we might do here.”

II. Puberty and Maturity.

Puberty is that period of life which immediately succeeds childhood. It is one of the most important stages of life, for during its continuance the establishment of the organs of reproduction in the sexes takes place, and the whole physical fabric is brought to perfection. The organs of the voice acquire their full growth and tone, and the muscles their full due proportion; and the brain and nervous system its peculiar power. The animal propensities now reach their full limits; and some of them, especially the sexual, acquire an ascendancy which overpowers the intellectual faculties and moral sentiments, and leads to indulgence that causes some of the most difficult and fatal disorders that the physician is called upon to treat.

From the abuse of the sexual propensities proceed impotency and the extinction of families, the infliction, during after life, of many diseases which proceed from debility and the exhaustion of the vital forces; innumerable nervous and convulsive disorders, such as hysteria, epilepsy, neuralgia, chorea, and the like; diseases of the heart; disorders of the digestive organs; pulmonary tuberculosis; and lastly, the transmission of weak and decrepid bodies and minds to offspring. And it often makes me shudder, when I contemplate the fearful amount of misery the abuse of these propensities inflict upon their votaries! Oh! how many beautiful forms and brilliant intellects have been shrouded in the gloom of eternal night, by those hateful passions which spring from the abuse of the sexual propensities.

Every physician who has been in the habit of observing the human countenance as an index to health and disease of the body, must have been often impressed with the conviction that some great and extensively operating cause is at work, depressing the physical and mental energies of an immense number of young men and women who, by continuing their daily avocation, give little or no indication of disease, yet there is a want of physical energy and mental vivacity which points to some debilitating cause which is sapping the fountain of life, and consigning to a premature grave vast numbers of our most promising young men. This secret enemy is very often found to be sexual excess and self-abuse.

And the evil mostly originates at the period of puberty, and sheds its terrible blight over all the remaining periods of existence.

Immediately succeeding puberty there is a state of the human system which, to many individuals, is attended with the greatest danger, and if not properly managed, leads to an untold amount of physical suffering. I refer to that period wherein the nutritive forces of the body, which had been employed in perfecting it, may produce fulness of the bloodvessels, and a disposition to hypersthenia, hæmorrhage, and inflammation. This redundancy of the vital fluid, when in active circulation, gives rise to that flow of animal spirits and impulsive energy of feeling and strength which are the characteristics of healthy youth; yet this very exuberance of vital power, if not properly controlled and balanced, may constitute a tendency to disease, either directly, as when excitement, rising beyond the limits of health, borders on morbid action; or indirectly, by leading to excessive exertion and subsequent exhaustion. And we should not forget that puberty is the age of marked susceptibility to moral impressions, and therefore renders the individual exceedingly liable to all the disorders which they are capable of producing.

III. Manhood or Middle Life.

This period of life is characterized by the full development and strength of all the physical organs and mental faculties; man, at this stage of life, has attained the highest degree of perfection of which he is capable. It is at this time that he feels most acutely the influence of the selfish propensities, it is now that he is tormented with avarice, ambition, religious fanaticism, and all the rankling corroding cares and perplexities attendant upon this mortal life. This is the season when the best, as well as the worst traits of human character are the most fully manifested, and have the most extensive sway.

It is also at this period of life that nearly all the diseases which afflict the human race are rendered more complicated and difficult to manage, by affections of the mind. Nearly every individual has some predominating or absorbing care or thought, some favorite scheme or subject, upon which the mind is occupied, and which keeps it in a state of perpetual anxiety. This is believed by some medical philosophers to be one reason why animals suffer less from disease than man; they are in a great measure insensible to danger, have no anxiety regarding the future state, and are not generally influenced by the ties of kindness, sympathy, or affection.

The diseases of middle life are commonly venous congestions and visceral obstructions, with the many disorders which they occasion, as hæmorrhoids, inflammations of the great cavities, affections of the heart, derangements of the stomach and bowels, gout, rheumatism, diseases of the urinary organs, and uterine organs, hysteria, hypochondria, and insanity. It is true, mental derangement is not peculiar to this period of life, but from some statistical tables, which I have consulted, of patients received into our large insane asylums, by far the greater number admitted were between forty and fifty: next to those, patients between twenty and thirty; then those from sixty to seventy, and lastly, those from fifteen to twenty. Hence you will observe that, so far as insanity is concerned, it is materially influenced by the periods of life. It is also during this stage of life that phthisis pulmonalis is the most common. It is, however, during the early part of this period that it is the most frequent; from twenty-one years to thirty, the mortality is the greatest. In early life tubercular disease is exceedingly common, but its mutations are seldom found in the lungs, they are mostly confined to the brain and bowels. Cancer is also more common at this age than any other, being more frequent between forty-five and fifty. I now refer to scirrhus cancer, and make the statement upon the authority of Sir JAMES PAGET's *Surgical Pathology*, page 512, first American edition.

IV. Adult or Old Age.

In looking over the pages of that excellent work entitled, "*A Compendium of English Literature*," by C. D. CLEVELAND, I accidentally fell upon the following lines, which are so descriptive of the period of life now about to be contemplated, that I cannot resist the temptation to quote them for your benefit. They occur in a poem, "*ALLEGORICAL CHARACTERS IN HELL*," written by THOMAS SACKVILLE, afterward Earl of Dorset, and published in the year 1603.

"And next in order sad, OLD AGE we found:
His beard all hoar, his eyes hollow and blind;
With drooping cheer still poring on the ground,
As on the place where nature him assigned
To rest, when that the sisters had untwined
The fleeting course of fast declining life;
There heard we him with broken and hollow plaint
Rue with himself his end-approaching fate,
And all for naught his wretched mind torment
With sweet remembrance of his pleasures past,
And fresh delights of lusty youth forewaste,
Recounting which, how would he sob and shriek,
And to be young again of Jove beseech!
Crook-back'd he was, tooth-shaken, and blear-eyed,
Went on three feet, and sometimes on four,
With old lame bones, that rattled by his side;

His scalp all piled, and he with old forelane,
His wither'd fist still knocking at death's door,
Fumbling, and drivelling, as he draws his breath,
For brief, the shape and messenger of death."

Few individuals are pleased with the idea of being considered old. This is particularly the case with those who have enjoyed the sunshine of prosperity, and have strong ties which bind them to the world. Indeed, such is the repugnance to the idea of being regarded old—as having passed the period of the greatest activity and usefulness, and approaching that state where the decay of the faculties begins to be felt and manifested, that nothing will so excite the combativeness of a person of this description, as to intimate that time has made inroads upon his physical and mental powers, and that he is less capable of efficient action than formerly. Such is the mind of man,—such is human nature—and this is a common trait in the mentality of mankind the world over.

Old age manifests itself much earlier in some individuals than others. This results from a variety of causes, such as a want of original constitutional vitality, improper training in early life, dissipation, excessive labor of mind or body, and the hundred and one vices of our modern civilization. But when it does come, whether it be at fifty or three-score years and ten, it presents itself with such characters as not to be mistaken. To enumerate its particular features is unnecessary; let it suffice to state the general fact that it is a gradual degeneration and decay of the whole system. If any particular organ is simply out of order, it may again be put right; but if worn out, no organ can be replaced with a new one, it must be used tenderly, and shielded from every cause which may tend to injure or impede its healthy action.

If all the organs of an individual are so nicely and perfectly balanced that no one of them gives out before the other, so far as intellect is concerned, it is truly denominated second childhood; and as one faculty of mind was first developed, so one at first decays, till the mind, from being a vast storehouse of knowledge, a receptacle of human science, becomes utterly destitute and empty. Childhood and extreme old age are striking analogies; there is in both the tottering gait, feebleness of strength, want of teeth, and disposition to sleep; the irritability of temper, feeble intellect, and an insensibility to the wants of the system or the demands of nature; each needs the care and watchfulness of a guardian, and the same breath that will extinguish one spark, just emitting a feeble ray, will extinguish the other, just kindling into a flame.

The diseases of old age are not numerous; they are those which chiefly relate to imperfect secretion and nutrition, and a general failure of all the functions which depend upon a sufficient supply of blood; hence we have apoplexy, from white softening of the brain, BRIGHT'S disease, from degeneration of the granular structure of the kidneys, and mortification of the extremities; all of which occur from a failure of the vital forces. And when you meet with them in the rounds of your professional duties, do not forget that they are the harbingers of dissolution, the approach of that period when nature will withdraw her influence from the fabric over which she has exercised such skill in perfecting and maintaining so many years, and consign it to those laws that will reduce it to its primitive elements. "Dust to dust, and ashes to ashes."

"This earth and ocean, all
Are the great tomb of man;
And all the planetary host of heaven
Are shining on the sad abodes of death,
Through the still lapse of ages.

"All that tread
The globe, are but a handful to the tribes
That slumber in its bosom.
— Millions—since first
The flight of time began, have laid them down
In their last sleep."

Communications.

VESICO-VAGINAL FISTULA:

Its History and Treatment.

By D. HAYES AGNEW, M. D.,

Demonstrator of Anatomy and Assistant Lecturer on Clinical Surgery in the University of Pennsylvania; one of the Surgeons of the Pennsylvania Hospital; and one of the Surgeons of the Wills Hospital for Diseases of the Eye.

(Continued from page 337.)

Case 5. K. D., a Scotch girl, unmarried, 20 years of age, was admitted into the Philadelphia Hospital in April, 1859, pregnant. Her labor, which occurred in September, was difficult and prolonged, the head presenting, although the position is not known. She was finally delivered by the forceps, of a dead child, at the full term. One week after, the urine was observed trickling from the vagina, and, on examination, some three weeks subsequent, a fistula was discovered, about seven lines long, and situated at the vesicle triangle. Two months after her parturition she was transferred to the Woman's Surgical Ward, and prepared for an operation, by washing out the vagina every day with a solution of tannic acid, to give some tone to the parts; regulating

the diet, and improving her condition by tonics. After the lapse of another month, she was considered well enough to justify an operation. This was performed in the presence of the house residents, in the manner already detailed in the previous cases. Seven silver threads were introduced (the patient being under the influence of ether and chloroform), and these stitches secured with the usual clamp of shot. Instead of bringing the wires out of the vagina after the adjustment, they were cut off close to the pellets of shot. Opium was administered in doses sufficient to keep the bowels closed, and the catheter kept in the bladder, and carefully watched that it should not become obstructed with mucous or blood. This girl proved to be a very self-willed and troublesome patient.

On the ninth day after the operation the stitches were taken out, and the fistula, as we believed, closed. She was kept in bed with the catheter in the bladder for five days longer, after which she was allowed to sit up, the instrument being used four times daily, and worn at night for three days more, when it was laid aside, and the patient allowed to walk about. She was retained in the house for two weeks longer, and then discharged well.

About four months later this young woman returned, seeking admission, alleging that the fistula had re-opened. She had evidently, from her own statements, been leading a very irregular life. On carefully inspecting the parts, a small opening, admitting the end of a probe, was detected in the middle of the cicatrix. There could be no doubt this fistula had opened during her absence, as the bladder was perfectly retentive, and the urine passed voluntarily in a full stream for the two weeks previous to her leaving the hospital. Four operations were performed unsuccessfully to close this small hole, at intervals of eight weeks, and requiring but three stitches when freshened. I was satisfied there was something wrong, as there was nothing in the case which could explain this indisposition to heal. I suspected the woman was more anxious to have a home than to get rid of her disease, and doubtless, at night, in the absence of the nurse, withdrew the catheter, introducing it herself before her morning visit. Accordingly, on discovering my failure in the fourth operation, without waiting for some time to elapse, the parts were again denuded, and two sutures inserted; relays of nurses were kept night and day by her bed, and on the eighth day the parts were examined, and the sutures taken out. The opening was closed. The bowels had been confined for 17 days, and

after wearing the catheter four days longer, she was allowed to dispense with its use.

My surmises in regard to the cause of failure were corroborated by her own confession. One year after, this poor unfortunate girl applied again for admission, not on account of the fistula, which remained well, but evidently dying from tuberculosis, induced by a life of dissipation.

Case 6. Ann H—, a native of Ireland, aged 33 years, and a resident of Delaware County, Pennsylvania, was admitted into the Philadelphia Hospital on the 24th of January, 1860, with a vesico-vaginal fistula, situated three-quarters of an inch below the upper extremity of the vagina, four lines in length, and running oblique to the longitudinal axis of the canal. About ten months before her admission into the institution she had been delivered by instrumental means of a child, after a difficult labor of thirty-six hours duration. I believe this was her second child. A few days succeeding this she discovered her urine dribbling away, without being able to exercise any control over its escape. As the woman's health was by no means good, the first attention was directed to its improvement, which, under the employment of mineral tonics, and a good diet, was, in a few weeks, in a good measure restored. The last of the succeeding month (February) the operation was performed, while under the influence of ether and chloroform as an anæsthetic. Four silver sutures were introduced, and secured by means of a wire twister. The wires were next cut off very near to the wound, and the ends turned down in such a manner as not to irritate the posterior wall of the vagina. The catheter was worn uninterruptedly, and the bowels locked up with opium. The case progressed without any unfavorable symptoms whatever, and on the eighth day the stitches were removed, and the union found to be complete. The patient was retained in the hospital nineteen days longer as a precautionary measure, during four of which she was obliged to wear the catheter.

Case 7. Matilda L., aged 24 years, was sent from Wilmington, Delaware, by Dr. PEPPER NORRIS. She entered the hospital August, 1860. An examination proved the existence of a vesico-vaginal fistula at the *bas fond*, transverse in direction, and about six lines in length. It followed her first labor, which was sufficiently difficult to demand delivery of the child (dead-born) by the forceps. The presentation was a cephalic one, and she heard nothing said about anything being wrong. A few days after, she could not state how many, the urine began to flow from the vagina. The woman was pale,

anæmic, and had but little appetite. She was placed on a regimen of tonics and nutritious food, in order to improve her health. Some progress was made, but by no means equal to our expectations, and after waiting five weeks, I concluded to make an attempt for her cure. On paring the edges the bleeding became very profuse, and continued, notwithstanding the application of ice and a stream of cold water from the nozzle of a syringe. To arrest this, seven stitches were inserted, and the edges drawn firmly together. Even these did not entirely control the hæmorrhage, some considerable oozing continuing. The catheter was introduced into the bladder, and the patient placed in bed, with directions to administer the usual pills of opium. Difficulty was experienced in keeping the catheter clear, it becoming obstructed with clots of blood for three or four days. She suffered also, throughout the whole treatment, with flatulent colic and some diarrhœa; the last was controlled by enemata of starch-water and laudanum, morning and evening. Her appetite failed, and her stomach became irritable, for the relief of which alkalies were prescribed with benefit. At the expiration of nine days, the sutures were examined, without being at all sanguine as to a favorable result. Several had ulcerated out, and no disposition was exhibited at any point to heal. They were all removed, and the patient, in a few days, ordered out to take exercise in the open air.

Vegetable tonics, with an occasional mercurial, followed by the tincture of the chloride of iron, wrought a wonderful change in her condition, so that in six weeks after, we deemed her health sufficiently good to undertake a second operation. The edges of the fistula had changed. Instead of being spongy and soft, they had become firm. There was no more than the ordinary bleeding after the application of the knife in vivifying the margins. Six metallic threads were introduced, secured each by the shot-clamp, and the usual treatment pursued. Not a single untoward symptom occurred, and after eight days the stitches were removed, and the union found complete. Dr. RICIO, one of the resident-physicians of the hospital, was unremitting in his care of this patient.

Case 8. K. C., born in Ireland, recently from the vicinity of Bordentown, N. J., aged 28 years, entered the hospital in the spring of 1860*, with a vesico-vaginal fistula situated a short distance above the neck of the bladder, oblique in position,

* The record of this case being lost, I am unable to refer with certainty to the date of her admission, my own notes only containing the details of the operation.

and about five lines in extent. The entrance to the vagina was much constricted, rendering the exposure of the fistula difficult. The accident occurred about eighteen months before, in a first labor, in which a dead female child was delivered by instruments. She is not certain that the head presented. Difficulty was experienced in adjusting the instruments, and she felt as though the vagina had been torn at the time. As the fistula was seated above the stricture, it became necessary to institute the preliminary treatment of dilatation, which was effected by gum-elastic bougies, after two weeks. This accomplished, the operation was performed in the presence of the medical residents, the patient being under the influence of the usual anæsthetic of ether and chloroform. After the edges were sufficiently denuded, six metallic (silver) threads were introduced, the parts brought in contact by passing each suture in detail through the adjustor, and securing the apposition by the shot-clamp. The rigid character of the vaginal walls, in consequence of the amount of cicatricial tissue, rendered all manipulations difficult.

From this until the ninth day following, nothing of importance occurred. The threads were on this day removed, and the fistula found about two-thirds closed. She was allowed two months' respite, occasionally having a large-sized bougie introduced to counteract the persistent tendency to contraction of the vaginal canal, after which a second operation was executed, in which four stitches were inserted. A good deal of bleeding from the bladder followed for two days succeeding this, rendering it difficult to keep the catheter unobstructed. On the third day it ceased, and the case progressed very favorably during the remaining period of her treatment. The stitches were cut out on the ninth day, the union having taken place throughout. This woman, after getting about, complained of some incontinence, and I was disposed to believe some minute orifice must still exist, although undiscovered. Since, however, the nurse informs me, this disappeared, and she left well.

Case 9. Mrs. G., an Irish woman, aged 40 years, who married late in life, fell in labor with a first child January, 1863. She states her pains commenced on a Friday, and gradually increased in severity until the following Sunday, when she became so exhausted as to render the application of the forceps necessary to complete delivery. The child, a male, head presentation, was born dead. The bladder had not been catheterized. At no time after that had she a sensation like urine passing by the urethra. Her getting up was

slow, and it was many weeks before she was able to walk, in consequence of a feeble state of the limbs, with diminished sensibility. In November, 1863, she was kindly referred to me by Prof. F. G. SMITH, of the University of Pennsylvania, to whose care she had been sent from the country. On examination, a fistulous opening was found between the vagina and bladder, situated at the *bas fond*, three-fourths of an inch in extent, and transverse in direction.

On the 10th of November, I operated in my usual manner, assisted by Profs. F. G. SMITH, PENROSE, Drs. LA ROCHE and BOARDMAN. Nine silver threads were inserted and secured by the shot-clamp. The usual course in regard to opium, catheter, and diet was observed. Nothing unusual occurred, worthy of note, during the treatment. On the ninth day the stitches were removed, and the wound found united. The catheter was continued five days longer, the bowels being gently moved on the twelfth day after the operation. This patient I saw over two years after, when she stated she remained perfectly well, and was about four months advanced in her second pregnancy.

[To be continued.]

PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS OF THE TRUNKAL MUSCLES, WITH THE THERAPEUTIC INDICATIONS INVOLVED.

By E. P. BANNING, M. D.,

Of New York.

(Continued from p. 337.)

Of Ante- and Retro-flexions.

These are the least frequent, but most formidable of all complications which intercept the complete success of the abdominal and spinal shoulder support; and so far as the effect of these abnormalities upon the rectum, vagina, bladder, and sympathetic system, is concerned, it is the same as that of retroversion, whilst the pathological facts are very different. In the former case, the whole uterus, in its proper form, has merely changed its *vertical* for a *horizontal* position, but in the latter, not so; the os and cervix often remain in their normal altitude and axis, whilst the *fundus* is *retroverted*, by and through a flexion of the cervix, at or near the body of the uterus. In these cases there is generally less vaginal relaxation and mobility of the os than in retroversion; indeed, it often appears as though the flexion tended to fix the os more immovably in the centre of the pelvis. It is also observable that, in this mal-position, hypertrophy, congestion, and tenderness, both of the cervix and fundus, are more frequent than in retroversion,

owing, doubtless, to the vascular, nervous, and lymphatic obstructions and irritations incident to the flexion. So inexorable is it, that a violation of the law may cause any of the disturbances attendant upon malposition.

Of the Causes of Uterine Flexions.

These are various, and with some exceptions, identical with those of simple version. But among them all, that of a morbid trunkal bearing toward the uterus is prominent, and nearly always present, (see Fig. 2, page 5, of this volume.) The next most common cause is the use of ordinary abdominal supporters, which compress the bowels, and crowd a portion of them down upon the uterine fundus. In this case, the more firmly the vagina holds the uterus from prolapsing, the greater will be the trunkal stress upon the cervix, and the consequent tendency to a flexion. But of all purely physical causes, that of the use of ordinary pessaries, which press upon the os more or less, in connection with squeezing abdominal supporters, is most potent. For in such cases, the uterus is wedged between the pessary on the one hand, and the pressure of superior viscera on the other. The ultimate effect of which (especially in a condition of cachexia) is obvious, viz., to flex the uterus.

In connection with these influences, the effect of woman's attire, as worn now-a-days, should by no means be overlooked; and I mention this in connection with the inexorable fact that, previous to the appearance of the first quilted skirt and the first bustle, to the universal divorce between the dress-waist and its skirt, and to the disappearance of the old-fashioned petticoat, with its broad shoulder-straps, the occurrence of either uterine versions, retroversions, or flexions, was comparatively unknown. Indeed, it is but too evident that the inevitable tendency of almost every article of woman's dress, and of all of them combined, is to narrow the waist, increase the burdens of the abdominal and dorsal muscles, depress the viscera, and droop the whole trunk; and also, that the ultimate of this is to induce uterine displacement. Besides these, there may, of course, be other and unappreciable physical and constitutional conditions. But reason and experience teach us to attribute flexions *mainly* to appreciable *physical* influences.

Curative Indications.

Various have been the conclusions on this point, the majority of practitioners merely treating uterine flexions as a prolapsus, by attempting to *boost* up the flexed organ in its flexed condition. Of course, the inadequacy and unadaptedness of

such a course will be obvious to the reflecting. Poor, however, as this remedy is, this cause has produced at times more or less relief to the effect of pressure upon the bladder, rectum, and sacral and femoral nerves, by the same elevation of the mass. But on the whole, the practice is to be rejected, inasmuch as the relief so gained places a quietus upon the patient's complainings, and lulls the acumen and anxiety of the attending practitioner to rest; meantime the pressure of an ordinary pessary is tending to increase the flexion, for obvious reasons. Others attack these maladies by dividing the posterior fibres of the cervix, and by the use of the sound, etc., to *straighten* the uterus, whilst in this divided condition. Of this mode it is to be said, 1st, that it is *bloody* and most intimidating to the patient, and is attended with long confinement and very much trouble, at best; 2d, that there have been but a few cases of hard-earned success, in which the patient and nurse have had more than their full share; 3d, that one of the most extensive and respected operators by this mode has been heard to candidly say that, after all, he had a great many *failures*, and in the meantime he said nothing of his *successes*. "At best," said he, "the cases are long and tedious." As for myself, I know of no one case of happy success.

Certainly, if woman has no hope but in this mode of cure, her prospect is anything but cheerful. In this state of the case, we turn to those principles which have been the base of our remarks on prolapsus, procidentia, and retroversion, and there we find light, hope, and expectation breaking in upon us, without one hesitating tremor of the timid patient, at the thought of blood, knife, or needle; or a fear on the part of the practitioner, that if he should fail of the fullest success, he may possibly leave his patient worse than he found her.

From this common-sense view of things, we see that uterine flexions are to be treated precisely as a version. First, by pushing forward the spinal *point d'appui* to a line with the ankle and head; to poise the weight of the head and shoulders behind the spinal point; to depress the pubes and elevate the abdominal viscera. Next, having done the above, either by the means hereinbefore proposed, or by any better method, the fundus uteri must be *immediately* repositied, if practicable, if not, it must be *gradually* done by the same means and under the same rules as in the case of uterine versions. This accomplished, it is to be *retained* in situ by the identical means which act so promptly and so kindly in the case of versions. On this point, I am free to say that the

sound is of the greatest service, in so effectually repositing the uterus, as to enable me to place the curved balance so completely behind the reposit fundus, as to make it impossible for the latter to recede. In case of adhesions, however, or such weight and tenderness as preclude the immediate reposition, we must take more time, and trust to the gradual wedging action of the *T* of the balance—increasing the length and force of the instrument, as the improvement requires, and the organic sensibilities will permit.

Effect of this Process upon the Flexion.

By the above process, it is manifest that not only do we immediately or gradually elevate the fundus, but also that we actually put the contracted or flexed fibres on the *stretch*, and this, in proportion as the balance is elevated, and still more on account of the fact that, in this case the os was already in position, and does not move with the fundus, as in the case of versions. Under the force of this view, I cannot refrain suggesting to those who feel as though they *must cut*, in the premises, that this brace relieves the uterus from all but its own weight, and that this balance so effectually straightens out and stretches the uterus, that after their cutting process has been performed, it will in an easy and unirritating way hold the uterus in its proper position, from an external base, and obviate the necessity for any intra-uterine body for that object, thereby averting a great amount of irritation and troublesome manipulation.

Of the Results.

Of all the uterine abnormalities, touching position, *flexions* are acknowledged to be the most opprobrious, and that as yet, no reliable remedy has been provided for them, either in this or the old world. Under such circumstances, whatever can *certainly mitigate*, or effect a perfect emancipation of only 20 per cent. of these cases, should be hailed as a great *advance* at the least, upon all previous efforts; and I have the inexpressible satisfaction to state, that in no limited experience, I have found immediate progressive relief to follow the careful application of the brace and balance combined; and also, that in the majority of cases, the success has been complete. In illustrating this statement, I limit myself to two cases, after first referring to a most decided case, reported in the REPORTER of September 22d, by my distinguished friend, Dr. JOHN H. GRISCOM.

Case 1st. Married; had been for years in poor constitutional health, for which she had received much local and constitutional treatment, with but the most indefinite result. Of late she found

a motley crowd of general and local distresses attendant on each effort to stand or walk, producing pressing, aching and boring feelings in the lower sacrum, which were greatly aggravated when lying upon her back; consequently, she spent all her nights, and most of the days, upon her face. In this case, if there is any merit in any of the pessaries, it should have been manifest, as every conceivable form of them had been brought to bear upon it. When she was brought to me, she was the personification of weakness, sympathetic disturbances, despair, and pelvic suffering, which all *experienced* practitioners can comprehend. On making a digital examination, a case of extreme retroflexion was manifest. This at once explained the varied sympathetic constitutional disturbances, and more particularly, the agonizing suffering in the sacrum, which was mitigated by lying upon her face. The os and cervix were not only in the centre of the pelvis, but also in their proper vertical condition, and were as immovable as when in a state of perfect health; but, at about the junction of the cervix with the body of the uterus, there was so complete a flexion as to bring the uterine body perfectly horizontal in the pelvis; and but for the resistance of the rectum and sacrum, the body and cervix would have formed two parallels. On examining the general appearance of the body, it was apparent that the trunkal relations to the uterus were oppressive to that flexed organ. To this case the abdominal and spinal shoulder brace was applied, as a preliminary, but with no relief, excepting that of support to the stomach, and rest to the aching back. I then placed the patient upon her knees and face, (elevating the hips to the utmost,) and found no difficulty in repositing the fundus. This done, the curved *T* of the balance, passed almost of itself, to its proper place, behind the fundus, and so crowded up the posterior cul-de-sac, as to forbid the uterus to leave its position. The protruding portion of the shaft was then slipped through a mortice, in the further end of the curved spring, which depends from the front of the brace as an external base. She was then directed to lie upon her back, before leaving the table; in doing which she experienced none of her usual sufferings. On rising to her feet she remarked, "It feels oddly enough, but then, that awful feeling is gone; I think it will do me good when I get used to it." As a matter of course, the patient had to remain under my care for frequent manipulation, for a few days, to overcome the several contingencies, which of course will arise, but in the space of two weeks, the brace, balance, and afflicted parts had

all conformed to each other, and the patient was comfortable, and at liberty to walk and drive at her pleasure. This lady has now resumed her position as wife and mother, and has recently informed me, that she has taken several walks and drives with no support but the external brace, which she found acted as a great support and protection. In a few weeks I confidently expect to learn that the internal balance has been *permanently* dispensed with.

Case 2d. From a distant western State; married; had for many years been the subject of uterine congestion, and occasional inflammation. Constipation, and distress in the pelvis, with the usual sympathetic concomitants of uterine displacement, were constant, with occasional aggravations, corresponding with the patient's frequent indulgence of her ambition to be "good for something." On touching, I found the uterus not only prolapsed with the os, nearly in the meatus, externus, but also considerably enlarged, hardened, and tender to the touch, and lying with its fundus forcibly packed upon or *into* the rectum, as it were, explaining her persistent constipation. At the junction of the cervix and body, the uterus was decidedly flexed, and the whole organ so thoroughly impacted, as at first, to be wholly immovable. After repeated attempts I surrendered the idea of perfectly repositing the uterus, and after the application of the external brace, contented myself with so applying the curved balance, as to steadily and gradually crowd upward, between the rectum and uterine fundus. This was at first attended with considerable pain, which gradually subsided, and in two or three days entirely ceased. As this occurred, the balance was gradually elongated, by its set screw, until the uterus was completely restored to its normal height and axial bearing to the pelvis. As this improvement progressed, the lady became cheerful, rested well, and experienced a complete immunity from all the motley crowd of nervous derangements which had rendered her life of so little worth to her. Within about a fortnight after the commencement of the gradual wedging and elevating pressure by the short balance, this lady rode and walked with the utmost freedom; on several occasions walking many blocks in the morning, on friendly visits, and returning on foot in the evening. The uterus now being fully liberated, and eligible to the use of the sound, I should have had no difficulty in correcting the *flexion* also, by the joint use of that instrument, and such an increased curve in the balance, as would have pushed the fundus forward, and so held it permanently; but, (*unfortunately*, in one

sense), so great was the relief in every respect, that she could be no longer persuaded to remain from her distant home. She decided to return, and have the flexion attended to at some future time, should it ever occasion her any suffering. This decision, at the threshold of a grand conquest, was to be deprecated, on the lady's account, and I may add, also, on account of the cutting short of the full triumph of the writer, which he held within his grasp.

This case is replete with encouragement to the thousands of practitioners who have constantly several of these cases upon their hands; and who have no longer the face to say to the confiding patient, that they confidently expect to cure them. It is also eminently *instructive*, concerning the practice of delaying the use of the abdominal and spinal shoulder brace, and the balance, for months, and years (and for ever, I might add), until enlargement, congestion, and tenderness are first removed. On this point, the previous history of this case, and the result of the test, must prove two things: 1st. That these dreaded morbid conditions of the uterus, its appendages, and surroundings, are, to say the least, not unfrequently the *result* of uterine displacement or flexion.

2. That usually, the first thing to be done in such cases, is to make a *prudent* attempt at an entire, immediate, or a gradual repositing of the chief pelvic organ; and I submit to the experience of the past, whether practitioners have very often had the pleasure of seeing their preparatory treatment fully remove the above morbid conditions in any reasonable time when attended by much version or flexion? In the writer's experience these abnormal conditions, and apparent obstacles to the use of the balance, have themselves disappeared in four-fifths of the cases where that instrument has been early resorted to, in spite of the apparent formidable incompatibilities in the premises.

Of Ante-flexions.

Upon this subject, it is only necessary to remark, that the course to pursue, is precisely the same under common sense as in retro-flexion. In the latter case the straight, and not the curved balance is to be used, just as in ante-version; for retro and ante-flexions are nothing but corresponding versions, with the circumstance of a flexion. After the trunkal bearings toward the uterus are corrected by the external brace, the straight balance is to be carried to the cul-de-sac, in *front* of the uterus, not behind it.

Of the application of the balance, according to the lengthened and varied experience of the

writer, this subject is hardly second in importance to that of the pathology upon which its use is based, indeed, it is a sorry fact for suffering woman, that many of the brightest brains have only a handful of *thumbs*, with which to carry out their best conceptions, and that in consequence of a want of tact in *executing* their best movements, many diseased conditions are aggravated. The success of a feasible cure foiled, much suffering incurred, and the hopes of confiding sufferers, often fatally dashed; and all for the want of familiarity with the seemingly trifling details of a pelvic manipulation. Hence, to inspire the modest and timid young practitioner with confidence of success, I give the following details of my present method of procedure, as suggested by much experience under many annoying and discouraging contingencies.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
October 6, 1866.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Wart-like Excrescence on Tongue.

Sarah R—, æt. 15. She has a little growth, a wart-like excrescence, projecting from the under surface of the tongue, directly over the middle line. It was first observed last Christmas, and as it was then found to be of the same size as now, it has possibly been growing for several years. There is no pain in it. The surface of the tumor is a little more red than that around it. It has been removed several times.

The probability is that this excrescence is of fibroid character, containing a large quantity of epithelial matter. These growths occur more frequently upon the upper surface of the tongue, further back upon the central or lateral portion of the organ. They are benign, but apt to recoil after extirpation.

Various tumors are liable to form upon the tongue. It is the subject of carcinoma; but this affection is most common after middle life. Erectile tumors sometimes appear upon it. A fatty tumor has occasionally been met with in this situation, and now and then a cystic. All these are exceedingly uncommon, cancer being the most frequent of them all.

The tumor was excised with but little loss of blood.

Epulis.

Sarah —, æt. 25. She has a tumor of the upper jaw, denominated epulis. It is of fibroid character, with more or less epithelial matter in its interior, and springs from the socket of one or more of the teeth. It does not grow merely from the gum, as the term epulis would signify.

The tumor could readily be shaved off, but this would not insure immunity against its recur-

rence. It is necessary to remove a portion of the jaw-bone itself, otherwise the operation would be worse than useless.

Two teeth were extracted, and by means of the bone forceps, described by SCULPTEUS, a portion of the jaw-bone was removed with the tumor.

The mouth was ordered to be washed daily with a solution of permanganate of potassa, to allay fetor, and keep the part in a comfortable condition. There is no probability that the saliva will be swallowed to an injurious extent, though it sometimes happens after operations involving a large portion of the jaw, that life is destroyed by the deglutition of the secretions of the mouth or nose.

Hypertrophy of Tonsils.

Sarah P—, æt. 9 years. She sleeps with the mouth open and the head thrown back, and snores so that she can be heard all over the house. An examination showed the tonsils to be in a state of inflammatory hypertrophy.

The tonsils are composed of a congeries of mucous follicles, lined and covered by mucous membrane. The object of these glands is to secrete some fluid, the precise character of which is not exactly ascertained. They are very liable to become enlarged in young children in consequence of exposure to cold. This enlargement is particularly apt to occur in children of a strumous or scrofulous habit of body. When the increase in size of the glands is very considerable, as in this instance, when they meet in the middle line, great difficulty of respiration is experienced, the child sleeps with the head retracted and the mouth open. In consequence of the exertion which the respiratory muscles are obliged to make, the chest becomes ultimately very much changed in its form, flattened in front, convex behind, and contracted at the sides. Hence the importance of removing the tonsils at an early period of the existence of the enlargement.

In the first stages of this affection, something may be done toward relief by attention to the part and system. Under all circumstances, it is necessary to look upon the affection as one of constitutional origin, and not as merely local in its nature. It may be excited by cold, disorder of the general health, or suppression of the cutaneous perspiration, but there is always some trouble on the part of the system, which should be rectified. The general health should be improved, by attention to the diet and secretions, an occasional laxative, and proper protection of the skin against exposure to cold. As a local application, a solution of nitrate of silver, or the salt in substance, applied with the antiphlogistic touch, is beneficial. Another good application is sulphate of copper; and another tincture of iodine, more or less diluted. Occasionally, a leech may be applied in the gutter between the jaw and the sterno cleido-mastoid muscle, directly opposite the gland. Gargles of various kinds may be used, or the spray applied.

In this case, the period for such remedies has passed. The tonsils are in that condition in which it is impossible to reduce them by any mode of treatment, local or constitutional, which could be adopted. The only way of getting rid

of them is to excise a portion—to chip off a piece. The operation is performed by seizing hold of the gland by a volsella, and drawing it away from between the arches of the palate, and then, by means of a probe-pointed bistoury, with the back toward to tongue, cutting from below upward, and from without inward, toward the middle line, removing a portion of,—never the entire gland. The operation is perfectly simple, when the patient coöperates, otherwise disagreeable and difficult.

A portion of both tonsils was excised, and the patient directed to remain in a comfortable room for five or six days, and the bowels to be kept soluble.

Medical Societies.

PHILADELPHIA CO. MEDICAL SOCIETY.

Conversational Meeting, Oct. 10th, 1866.

Laryngoscopy, and its Use in Diseases of the Throat and Windpipe.

Dr. J. SOLIS COHEN, by appointment, introduced the subject substantially as follows:

By *Laryngoscopy* is meant, literally, inspection of the larynx; but the term is applied to the examination of the image of all structures perceived, under favorable circumstances, upon a small mirror held obliquely at the back part of the throat, so that its surface strikes at the same time the examiner's plane of vision and the plane of the entrance into the larynx. The favorable circumstances consist in the employment of a good light, sufficiently powerful to illumine the little mirror held at the back of the throat. The best light of course is a good sunlight, but when this cannot be employed, any artificial light can be made use of, more or less satisfactorily, from that of a good candle to the Drummond and electric light.

Under favorable circumstances, when a good sunlight illumines the pharynx, the only instrument required for the performance of laryngoscopy is the simple laryngeal mirror, which consists in a small looking-glass attached at an angle to a slender handle, long enough to permit of its being held at the back of the throat. The form and size of mirror of most frequent utility is a circular mirror, of glass, of the diameter of an inch, and attached to its stem at an angle of 125°.

Mirrors of various forms have been employed, such as rectangular, oval, pyriform, heart-shaped, etc. etc. This is a matter of very little importance, although it may be well to mention that circular mirrors appear to cause least irritation of the parts, and are on that account preferable for general use. The size of the mirror may vary from half an inch in diameter, or less, to an inch and a quarter, or more; the larger the mirror that can be employed in any individual case, for obvious reasons, the better. The best mirrors are made of thin white plate-glass, and silvered. These possess a beautiful white ground, and reflect objects in their natural colors. Quicksilvered mirrors are bluish, and more apt to be-

come impaired. Steel mirrors, which were very much employed during the earlier practice of the art, have usually either a bluish or violet-colored ground, and are very liable to become rusted, altered by exposure to heat, scratched and injured by secretions, or by corroding substances used in medication, and are therefore difficult to keep in order, and less useful than the good glass mirror.

If we introduce one of these mirrors into a patient's mouth, we find it at once becomes sullied by the halitus of the breath, which condenses on its cool surface into minute globules that scatter the rays of light. This can be prevented by first dipping the mirror into warm water, so as to bring it to the temperature of the parts, before introducing it; or more conveniently, by simply heating it over the flame of a lamp; and if artificial light is being used for examination, the mirror can be heated over the means of illumination. Care must be taken not to heat it too much, or the patient's uvula and palate may be unintentionally cauterized; and it is best, therefore, to hold the reflecting surface of the mirror over the flame. A little glycerine and water, or sugar and water, or gum and water, carefully spread over the cleansed surface of a cool mirror, will prevent the moist breath from dimming the mirror, by absorbing the vapor as it falls upon it. The plan of heating over a flame will, however, be found the most convenient in practice.

The manner of introducing the laryngeal mirror is of importance, for if the operation be carelessly or improperly performed, the patient will be caused a good deal of unnecessary unpleasantness from irritation of the fauces, and its results of choking, or retching, or coughing.

The best method of introducing the mirror is to hold it like the brush of the artist, the stem between the thumb and fore and second fingers, like the handle of a pen, the mirror pointing upward, with its reflecting surface horizontal. The wrist is thus in extension. Now, if the patient open his mouth properly, and the tongue is controlled by voluntary effort or otherwise, the mirror can be passed in until it is over the base of that organ, when a simple flexion of the wrist will land the mirror upon the pharynx at an angle of about 45°, the soft palate and uvula having been received on its dorsal surface and pushed upward and backward; and immediately the image of more or less of the laryngeal structures will be perceived in the mirror. The novice at first, of course, will see less, but as he gains practice, will soon learn to see more, and at last, all that is to be seen. In this way we can examine the back portion of the tongue, and arches of the palate, the epiglottis and arytenoid cartilages, the larynx and its contents, the false and true vocal cords, more or less of the trachea, under favorable circumstances, clear down to the bifurcation, and in rare instances, more or less of the right bronchus. This art, therefore, is well worth study, for by it we are able to see what is really the matter in long-standing affections of these organs, and therefore to prescribe without any hap-hazard; and to interfere surgically, when necessary, with the same confidence and precision with which we operate on

the exterior of the body. In fact, laryngoscopy has wrested affections of the throat from the category of inward diseases.

The skilful laryngoscopist will succeed in obtaining a satisfactory view of the parts at the first interview, in nine-tenths of his cases, and in many instances at the very first introduction of the instrument; but considerable familiarity with manipulation is necessary. In a certain number of instances, from congenital or traumatic malformation, it will be impossible to make the examinations.

There are several obstacles, in certain instances, to a satisfactory introduction of the mirror. First and foremost, we will meet with a certain number of patients who cannot open their mouths properly, or who will close upon an instrument the moment it is introduced. In such cases a mouth-distender becomes necessary. The cheek-retractor of the dentist will answer, or a big cork between the back teeth, or we can introduce a cylindrical speculum, and introduce the mirror through that.

Then again, the management of the tongue is often a matter of considerable difficulty. The tongue often rises up involuntarily as soon as an instrument passes between the lips, and it will sometimes press the mirror against the roof of the mouth with considerable muscular force. The best position for the tongue during an examination is moderately protruded by its own muscles in a horizontal direction, with the body of the organ lying quietly on the floor of the mouth, and the base hollowed as it were. Most patients can learn to maintain their tongues in this position voluntarily after a little practice before a looking-glass; and where this cannot be done, the tongue can be retained in position by the disengaged fingers of the operator, or preferably by those of the patient, a towel or napkin being interposed to keep the tongue from slipping. Forceps for holding the tongue are to be condemned. It is best to manage without resort to a tongue-depressor, but when this becomes necessary, the best one to use is one made of hard rubber, sufficiently long to reach the base of the organ and without any fenestrum. It is necessary that the base of the tongue be depressed and at the same time directed forward so as to put on the stretch the ligaments by which the epiglottis is attached to it, and thus raise that cartilage from the laryngeal entrance.

Again, a certain amount of difficulty will be surmounted occasionally from preternatural irritability of the fauces, though much difficulty is attributed to such irritability, which in reality is due to want of skill in the operator. When this irritability exists in a marked degree, it may be overcome by the local application of astringents. The administration of remedies known to have an anæsthetic influence on the throat, such as the bromides of potassium and ammonium, may be resorted to. Pieces of ice may be allowed to dissolve slowly in the mouth. Local anæsthesia may be induced externally over the larynx. The most satisfactory method, however, will be to produce chloroformization by the inhalation of a few drops of chloroform; but full anæsthesia is not to be induced, inasmuch as we require the coopera-

tion of the patient in the performance of various physiological muscular efforts, such as coughing, inspiring deeply, vocalizing, etc. It will be found that many cases of irritability of the fauces are dependent upon indigestion. When this is the case, the administration of a purge, which shall operate a few hours before the examination, will be found of service. In some cases the irritability is attendant upon the action of digestion itself, and then it will suffice to examine the patient when the stomach is empty.

Enlargement of the tonsils will necessitate the employment of smaller mirrors, or of oval ones, and where the glands are so hypertrophied as to preclude examination otherwise, surgical interference will be necessary.

An elongated uvula may prove a source of difficulty. Retraction can sometimes be induced by titillation, or the local influence of an astringent; but if such means do not suffice, and its image is reflected in the mirror to the detriment of the observation of other structures, then its extremity must be clipped off.

An unfavorable position of the epiglottis may offer a mechanical obstacle to a view of the interior of the larynx. Connected to the root of the tongue by strong ligamentous attachment, it participates in the movements of that organ, and when the tongue is at rest, covers the upper aperture of the larynx. Usually, by forcibly protruding the organ, we can raise the epiglottis sufficiently, but in some cases there is an unusual degree of deflection backward, more than can be overcome by forcible extrusion. This condition is sometimes congenital, sometimes acquired. We notice it in bass singers, in clergymen of pathetic rhetoric, in stage villains and others who acquire this position of the epiglottis in consequence of the peculiar muscular effects necessary to educe the required tone, until finally the cartilage retains the acquired deflection. If the various methods mentioned in connection with the management of the tongue fail to raise the epiglottis, a sudden powerful inspiration will often produce the effect momentarily; the enunciation of the sound of the diphthong *æ* made during an examination will raise the valve mechanically; and these efforts can be repeated again and again. When these means fail, some instrument must be passed behind the epiglottis to draw it forward. For this purpose we have hooks, forceps, pincettes, extension-thimbles, etc.

The patient's manner of breathing occasionally presents an impediment to the examination, and it requires some effort to overcome their spasmodic and hurried respiration. It is necessary that they breathe quietly and rather deeply, and the best way to accomplish this result is to persist with them until they have learned to imitate one's own manner.

Before introducing the mirror into the patient's mouth, it will be well to obtain some general idea as to the symmetry of the oral contents, so as to form some judgment as to the facility with which the examination can be conducted; and where the patient is sufficiently intelligent, an explanation of the subject will be found of material assistance in acquiring his coöperation with the examiner.

The mirror must be introduced with a firm hand. A shaking hand will irritate the structures and compromise success. It may be necessary to alter the position of the mirror in order to bring certain structures into view, and the movements should be made quietly. Nor should the mirror be held too long in the mouth at any one time, as it is liable to induce slight congestion, which may complicate diagnosis. It is better to withdraw the mirror and introduce it again, and repeat this process as often as may be necessary.

[To be continued.]

EDITORIAL DEPARTMENT.

Periscope.

A Remarkable Case of Penetrating Wound of the Abdomen and Intestines,

Followed by recovery, is related by Dr. WANZER in the *Chicago Medical Journal*.

A boy, 9 years old, fell from a height of 25 feet upon a picket fence. One picket struck the upper third of the left tibia, making an oblique indentation of the bone, upon its cancellated tissue, two inches in length, without fracture. Another picket entered the left axillary space, making an extensive wound without entering the thoracic cavity. The third picket entered the left inguinal region, dividing the structures transversely across this region and the hypogastric, peeling up the tissues from the muscles about three inches in a valvular manner. The wound through the abdominal muscles was circular, and did not exceed one inch and a half in diameter. The peritoneum and one of the coils of the intestines was lacerated. The rent in one of the convolutions of the ilium was an inch; the aperture ragged, and the mucous membrane everted. When seen, the protruding mass lying outside was the size of a large orange. There was also hernia between the abdominal muscles. There seemed to be a sort of artificial pouch in the cellular substance between the fascia transversalis and the transversalis muscle, containing as much intestine as protruded externally. Pulsation of one of the mesenteric arteries was visible, but there was little hemorrhage.

Chloroform administered and the legs flexed, and abdominal muscles relaxed as much as possible by proper position, the fecal matter and other foreign substances were gently washed from the wounded structures with tepid water, and the edges of the wound of the intestine coated with continuous sutures, which were cut off closely. The protruding mass was then reduced by taxis. By gentle and cautious manipulation the gut was returned also through the small aperture in the abdominal muscles, without enlarging the opening. When the viscera were all in their proper position, the external wound was closed with several interrupted sutures, a compress and bandage.

The patient suffered during the first 24 hours from shock. In 48 hours after, preternatural

heat, tenderness and fullness of the abdomen indicated the approach of fatal peritonitis. These symptoms, however soon subsided. The wounds nearly healed by first intention. The patient complained exceedingly, during the first seven days, of vesical tenesmus, when the bladder became in the least distended. There was during this time also much thirst and febrile reaction. Treatment during first ten days was $\frac{1}{4}$ of a grain of opium every four hours. The sutures were allowed to remain undisturbed. Cold water was applied continuously to the abdomen. Diet exclusively liquid.

The bowels were not moved for fifteen days, at the end of which time he complained of pain. An oleaginous enema produced a large passage of impacted feces. In twenty days the patient was apparently entirely out of danger.

Nostrums.

In the *Cincinnati Journal of Medicine*, Dr. J. F. HIBBERD of Richmond, Ind., comes down on certain nostrums and nostrum-venders in the following trenchant style:

Just now an active effort is being made to introduce into this city another nostrum called "Fluid Extract of Sarsaparilla with Iodide of Lime." This last article may be an excellent remedial agent, but it is presented surrounded by the declaration that large numbers of the most eminent physicians have testified to its worth; by the promise that it is admirably adapted to the use of children in chronic diseases, and by all those special pleadings that nostrum makers know so well how to apply to cajole the public into buying their wares.

This Iodide of Lime is one of the products of the laboratory of Dr. J. R. NICHOLS and Co., who have a very specious and Oily Gammon way of presenting their preparations to the profession. For some years this house has been making and vending an "Elixir of Bark and Iron," the great merit of which they claimed, was, that it contained the protoxide of iron, whereas it contains no such ingredient. Of this fact I have long been satisfied, but to fix the affair with chemical certainty, Dr. WEIST, at my request, during the present week, examined a specimen that I presented him, and neither by the test paraded by the proprietors, nor by other tests, could any protoxide of iron be detected.

Within the last forty-eight hours, while I was preparing this paper, the traveling agent of this same house laid upon my table a circular, one side of which is devoted to puffing the iodide of lime, and the other side is taken up with an essay on "Opium and its Alkaloids," leading to the announcement that the *Tinctura Opii Deodorata* of the Pharmacopœia is an excellent preparation, but that its title is a misnomer, and that they prepare the article in a superior manner and propose to vend it under the name of "*Infusum Opii Deodorata*." Such brazen impudence is past being tolerable, and ought to rule the house of its perpetrators from the catalogue of reputable pharmacutists,—and prevent any of their preparations from being found in any respectable drug store.

Medical and Surgical Reporter.

S. W. BUTLER, M.D., *Editor and Proprietor.*

PHILADELPHIA, NOVEMBER 3, 1866.

VITAL STATISTICS OF MASSACHUSETTS.

No State of the Union has so efficient a registry law as Massachusetts. As we cannot have a National Registry Law, it is important that our States should all have complete laws on this subject, and if there could be concert of action, and one form of law adopted and passed by all, it would be a great gain to science.

The Twenty-third Registration Report for the State of Massachusetts—for the year 1864—has just been published, for an abstract of which we are indebted to Dr. NATHAN ALLEN, of Lowell, who, we believe, is one of the Registrars. The report contains facts of great interest.

The births for that year were 30,449; males 15,634, females 14,745. The marriages were 12,513 couples; 7574 Americans, and 4930 of foreign or mixed origin. The deaths were 28,728; 14,964 males, and 13,689 females. The marriages and deaths were much larger than in almost any former year, and the births were considerably less, the war explaining in part the cause of this difference. There were 1640 more marriages than in 1863, and there were just twice the number among the Foreign population, for the same number of inhabitants, as among the American. Previous to 1864, the number of marriages had been decreasing for several years.

This, with previous reports, establishes the following facts, with regard to longevity. The average age of all who died in 1864 was 38½ years. One-fifth died under one year of age, and two-fifths under five years. Farmers are, as a class, the longest lived, reaching an average age of over 64 years. Next, are those reported as "gentlemen"—meaning, we suppose, certain persons "without any visible means of support"—enjoying their *otium cum dignitate* to an average age of 62. Then come "professional" men—first, judges almost 62, then lawyers 56½, clergymen 56½, and lastly, physicians 55 years. Other average ages are as follows: mechanics engaged in out-door work, a little over 50 years; mechanics working in shops and having considerable exercise, 47 years; while another class, having but little exercise, reach but 41; merchants, etc., 47. Merchants are returned at 52, while their clerks are returned at only 34 years; manufacturers, 45; railway agents and conductors, only 37 years.

The average age of 3000 females at death is returned at 46; housekeepers, 50; domestics, 48; seamstresses, 43; dressmakers, 33; operatives, 28; teachers, 28. This mortality compares unfavorably with that in England, being both larger and more of it in early life.

The rate of mortality for the whole State of Massachusetts is 1 death to 51 persons living, the rate varying, of course, in the rural and thickly-settled districts. Thus, in Berkshire county, the mortality is 1 in 68, while in Suffolk county, which includes the city of Boston, it is 1 in 44.

The chief cause of mortality is consumption, comprising one-sixth of the whole. Pneumonia comes next in order, then cholera infantum, dysentery, scarlet fever, typhoid fever, brain and heart disease, etc. etc.

The months in the year proving most fatal are February and March, August and September; the two first for throat and lung difficulties, and the two latter for stomach and bowel complaints. May and June, on the other hand, are found to be the healthiest months in the year.

The interesting subject of the increase of population we will recur to again next week.

THE ILLNESS OF THE EMPEROR LOUIS NAPOLEON.

The dispatches and correspondence contain a good many vague hints in regard to the supposed serious illness of the French Emperor. The Berlin correspondent of the *New York Tribune*, with a good deal of positiveness, pronounces his malady an incurable one, and goes so far as to state, on the authority of a special dispatch, that "his death may be hourly expected." But as this was so long ago as Oct. 11th, and as the telegraph would inform us in a few hours of the occurrence of so important an event, the correspondent was evidently a little too fast. He says that the distinguished LANGENBECK, Chief Surgeon of the Prussian army, had been summoned, two days previously, to Biarritz, in consultation with the physicians of the French Emperor, on the possibility of an operation for his relief.

We had been led, from something that had fallen under our notice, to suppose that the Emperor's disease is diabetes. If so, it is hardly likely, of course, that any surgical operation will be attempted for his relief. If the Emperor is as ill as busy newspaper correspondents make out, it cannot be long before the nature of his disease will be made known, which, it is hinted, has been kept secret for State reasons.

**"A NEW ANATOMICAL FACT," (OR
PHYSIOLOGICAL CONDITION.)**

DR. H. J. HOLMES, of Spring Ridge, Hinds Co., Mississippi, issues a call in the papers of that State, directed to the medical profession, requesting them to meet him in Jackson, on the 30th of October, in order that he may demonstrate to them the existence of "a new anatomical fact, which is not generally known to exist with the living female, and upon which is based a more thorough and successful plan of treating uterine diseases." He proposes to present cases "upon whom this fact will be demonstrated, to the entire satisfaction of every unprejudiced member of the profession present."

Dr. HOLMES, in the following communication, gives an indication of what his discovery is. He is certainly very enthusiastic about it, and unlikely as it appears that he will be able to prove his position, as he offers to *demonstrate* it, we feel that we cannot do less than allow him to state his case.

Dr. HOLMES states that "a new anatomical fact exists in the living female, when affected with any one of the forms of uterine disease. This anatomical fact consists in a lengthened condition of the womb—that is to say, from *ten to twelve inches*—from the os tincæ to the fundus uteri, in *every case from fifteen to fifty years*. However startling this may appear, it will be presented to the physicians of this State, in the city of Jackson, on the 30th day of this month, after which it is my intention to present it to the Faculty of New Orleans, and to the students of the two medical colleges in that city, on or about the 12th of November. This discovery, which was made fifteen years ago, has been shown to some fifty physicians, and demonstrated upon hundreds of patients, without there being a single exception, and which I am now determined to press upon the notice of the profession. Profs. C. D. MEIGS and HODGE will recollect a visit I made to Philadelphia in the year 1857. While there, I selected them as the leading members of the profession to investigate this matter; and if satisfied that a metallic probe and *porte caustique* could be introduced through the os tincæ to the fundus, to the extent of ten or twelve inches, and the modified nitrate of silver applied with it, so as to cauterize the entire mucus surface of the uterine canal with impunity, to know if they would be willing to proclaim it to the medical profession of the United States as a fixed fact? * * * When I present myself again in Philadelphia, (which will be in a short time,) to demonstrate this fact, I shall be prepared also to present an endorsement of the Southern faculty, that this state of things not only exists in the living female, but that the metallic probe and the *porte caustique*, charged with the pulverized (modified) nitrate of silver, can be introduced to the depth specified, and that no bad effects will follow. Without entering into any of the details in regard to this length-

ened condition of the womb, suffice it to say, I have simply called your attention to the fact, and I pledge myself to demonstrate it to the entire satisfaction of every unprejudiced member of the profession in Philadelphia, on my way to Paris."

Dr. HOLMES having been appointed by the Governor of Mississippi a Commissioner from that State to the World's Exposition in Paris in 1867, proposes to demonstrate this matter to the Faculty of Europe. We trust that he will first succeed in satisfying the profession of this country of the validity of his discovery.

Notes and Comments.

The Philadelphia School of Anatomy.

We notice that the Philadelphia School of Anatomy has gone into the hands of our friend, Dr. W. W. KEEN, of this city. Dr. KEEN, whose scientific researches have already given him a world-wide reputation, has recently returned from Europe, and is well prepared to give an anatomical course. Dr. R. S. SUTTON, who has conducted the school successfully for two or three years, retires from it on account of ill-health, we understand, and we hear that he intends opening a practice in the city of Pittsburgh. His private collection of specimens will be used for the instruction of students in the "smoky city." The Doctor has been known here as a hard worker, and a successful teacher. We hope his efforts in the west will be crowned with success.

Rankin's Chamber-Vessel.

Many attempts have been made to make disinfectants available for all domestic purposes, such as the disinfection of houses, bed-rooms, house utensils of various kinds, etc., but they have, for various reasons, generally proved failures. Among these reasons are the fact that most disinfecting compounds simply substitute one bad smell for another, to which is to be added the inconvenience of application. A disinfectant should *neutralize* the deleterious emanations, and thus destroy their power of impairing the health and offending the senses at the same time, and it should be of *convenient application*. These desiderata seem to have been very well met in a utensil invented by Mr. A. N. RANKIN, of New York, in which a chamber-vessel is contrived, with a hollow lid and handle, intended to contain a disinfectant, prepared according to an excellent formula of Mr. RANKIN's. We understand that this utensil is soon to be manufactured and put upon the market.

A "Diploma."

The following document, *literatim et punctatim*, was found in the pocket of a "doctor" who recently died in one of our public institutions. It is a good specimen of the method of manufacturing some of the "doctors" who go abroad and practice on "American" diplomas. Such manufacturing factories exist under one name or another in most of our large cities:

"New Orleans.

"Dr. WILLIAM H. RATHBONE.

"This diploma I do give from my right hand and do solemnly swear that Dr. ——— has served three years and one month in our dissecting rooms we the undersigned do solemnly swear that ——— is truly a brother of doing good—we know that he can reduce pragnacy or anything belonging to midwifery we have also tried his Skill with old chronic diseases—very much to our Satisfaction as he has Been Successfull in every case where the medicine has Been used according to his directions—as for medicine he is a self educated man he understands the human sistem thourily and is prpaed to give explanations to lecture upon the Subject—his remrecable and powerfull Skill has Been tested here with us—we feel willing to recomment him above all others thus far graduates from our desecting Rooms—we think there is something in his powers aforseen that we cannot account for the following is a true discription as we are able to give of him his complection is hard to get at his hair is of a dark chesnut color his beard of redish cast his eyes of brilliant colors the hair on his chest are black he has a mark on the upper lip and two of his nuckles on his right hand are knocked off his hith five feet seven in and half and weight about a hundred and fifty three pounds and if the above marks are not found on him and a true discription of him—we can not allow him this diaploma But if this discription will answer we allow him to be a faithful Brother to his profession and may god bless him in doing good in this great and glorius heres is our well wishes now and forever.

Prof WILLIAM H RATHBONE

HENRY RODWELL M D

EDWARD WILLARD M. D."

Medical Society in Harford Co., Md.

The physicians of Harford co., Md., have called a meeting, to assemble at Bel Air, on the second Tuesday (the 13th) of November, at ten o'clock, A. M., for the purpose of organizing a county medical society. As there are twenty to thirty practising physicians in the county, an effective society should be formed, and we trust that there will be a general turn out, and a good start made.

Vaccine Virus. Will some of our correspondents who have received vaccine virus from us return the compliment, so that we can supply

others? Our vaccine exchange is a very great accommodation to the profession, but we can only keep it up through our friends who receive from us, keeping us supplied with the material.

Books, etc., Received.

Auscultation and Percussion. By BARTH and ROGERS.

Practical Therapeutics. By WARING.

Science and Practice of Medicine. By AITKEN. Vol. 1.

The above from LINDSAY & BLAKISTON.

Ophthalmic Surgery. By LAURENCE & MOON.

Medical Jurisprudence. By TAYLOR, edited by PENROSE.

Diseases of the Skin. By NELIGAN.

The above from H. C. LEA.

Correspondence.

DOMESTIC.

Ancient Jewish Therapeutics in reference to certain Diseases of Females.

EDITOR MEDICAL AND SURGICAL REPORTER:

In the 5th chapter of St. Mark, we read of a certain woman which had an issue of blood twelve years, and had suffered many things of many physicians, and had spent all that she had, and was nothing bettered, but rather grew worse.

Dr. LIGHTFOOT gives, out of many others, the following remedies used by the ancient Jewish physicians for the cure of diseases of this nature, viz.:

Take of Gum Alexandria,

Alum,

Crocus hortensis, the weight of a Zuzu each; let them be bruised together, and given in wine to the woman that hath an issue of blood. But if this fail,

Take of Persian onions, nine logs,

Boil in wine, and give it to her to drink; and say:

Arise from thy flux.

But should this do no good, set her in a place where two ways meet, and let her hold a cup of wine in her hand; and let somebody come behind and affright her, and say:

Arise from thy flux.

But should this fail,

Take a handful of Cumin,

" " Crocus,

" " Fenugreek; and let these be

boiled, and give her to drink, and say:

Arise from thy flux.

But should this also fail,

Dig seven trenches, and burn in them some cuttings of vines, not yet circumcised (not yet

four years old), and let her take in her hand a cup of wine, and let her be led from this trench and sit down over that; and let her be removed from that, and sit down over another; and in each removal say unto her:

Arise from thy flux.

The commentator remarks briefly, that the nature of the case was evident. That the case of this woman was an afflicting one. That from some of the nostrums employed it was evident that she could not be bettered; and from some others it is as evident that she must be made worse; and from all together, it is certain that she must have suffered many things of many physicians. From the persons employed, the expenses of the medicines, and the number of years she was afflicted, it was credible that she had spent all that she had, and was nothing bettered, but grew worse. She was therefore a fit patient for the Great Physician. L. B. BALLIET.

Unionville, Lehigh co., Pa., Oct. 1866.

Spontaneous Evolution.

EDITOR MEDICAL AND SURGICAL REPORTER:

My object in offering this communication for publication is to put on record a case which I believe to be of very rare occurrence. I have practised a number of years; have attended hundreds of cases, and never before noticed such a case as is described below. Dr. DUNCAN was the first, I believe, to record a case, and Dr. BARD, in his excellent treatise, (page 274,) alludes to the matter as of very rare occurrence. His experience and opportunities for observation have probably never been excelled by any other physician in America.

Case. Sept. 25th, 1866, was called, early in the morning, to see Mrs. M. K., aged 30 years, very strong, stoutly built, and muscular; in her third labor. The two preceding ones had been very severe, the first attended with convulsions. Found her having some pains with long intervals; so much so that I did not deem any interference necessary, more than directing warm teas and telling her I would be around again; and thus passed the first twenty-four hours.

The second day, was called early. I found an increase of pain. Examined for the first time, and found the os uteri about the size of a sixpence, and the presenting part I could not make out, so slight had been and were the advances, but I was sure it was not the head. I ordered a large dose of castor oil, one-third of a teacupful, and left, telling her friends where I could be found.

Was sent for at 4 o'clock, P. M. Increase of pains. Examined, and to my regret and dismay,

found a breech-presentation. Examined very carefully, so as not to confound with a face-presentation. The two tuber-ischii were easily reached and diagnosed, also the anus, into which I thrust my finger (to make sure of the diagnosis) one-fourth of an inch. I said to myself—a bad job and a tight place are before me. As a corroborative of my opinion, I would state that one of the female attendants asked me how I found things. I told her. She said just so, that she had ascertained the fact in my absence. She has had children herself and much experience with others. About this time, patient called for a vessel, and had a very severe and copious effect from the oil before taken, operating two or three times severely. After returning to bed, her pains greatly increased. Examined, and to my joy, found a regular head-presentation all right, with the waters gathered before, which soon broke. The case progressed very slowly, little by little, the os uteri being very slow to yield. After complete relaxation had taken place, I found that I should have to apply the forceps or give ergot. I chose the latter, and gave nearly an ounce in substance, when the pains became greatly intensified, and I soon was enabled to fix a hold on the head, and although slight, was soon able to terminate the labor. The placenta was adherent throughout, and required separating. Contraction not being perfect, considerable flooding followed; the patient fainted, but by the aid of stimulants and a tight bandage, she soon rallied, and is now well, and the child (which was large) doing quite well.

GARRY H. MINER, M. D.

Morris, Conn., Oct., 1866.

Delirium Tremens.

EDITOR MEDICAL AND SURGICAL REPORTER:

September 23d. Was called, in consultation, to P. B., æt. 30 years, Irish laborer on railroad, who was convalescing from a sharp attack of bilious pneumonia, when he was seized with raving delirium—had to be held in bed by stout men, and had been in this condition for thirty hours without sleep. His motions were peculiar. He was on the bed on his knees, his face buried in the clothes close to his knees, and with both hands was busy clawing at his face, as if he was in a yellow-jacket's nest. Could give him nothing. Immediately brought him under the influence of chloroform, so that he was partially sensible, and gave him,

R. Tr. digitalis,
Tr. camphoræ,
Spts. frumenti,

āā f. 3ss.

Which was repeated in an hour, and again in one hour and a half, when he went to sleep, and slept for ten hours. When he awoke, was calm, serene, and perfectly rational. He said he felt a little weak, but is now at work.

B. G. NEAL, M. D.

Columbus City, Iowa, Oct. 16, 1866.

News and Miscellany.

Female Doctors.

A young lady in Paris, having honorably passed two examinations in mixed sciences, has been authorized by the Minister of Public Instruction to go through a preparatory course of medicine at Algiers, as her medical attendance might be of great service to the Arab population, and through her the boon of medical science might penetrate the tent and harem of the Arab, where no male doctor would ever be admitted. Lately another lady has passed her examination as a midwife, and has obtained permission to offer herself as a candidate for examination at Paris for the degree of doctor of medicine.—*London Lancet.*

— There is much uneasiness in France, at the increasing bad health of the Emperor. There is no concealing the fact any longer that his ailment, dropsy, is intensifying to a degree that threatens his life.

— Drs. A. WILSON, of Sydney, Ohio, and JAMES P. BURCHFIELD, of Clearfield, Pennsylvania, have been appointed examining surgeons of Pension Bureau.

— It is stated that three thousand five hundred people died of cholera during August and September in St. Louis.

— M. MARIA, who was surgeon on board the *Formidable* at the battle of Trafalgar, has just died at Nice. He is supposed to have been the last of the French officers who took part in that engagement.

— DURING the past year more than \$3,500,000 have been paid for pensions granted on account of disability or death from service in the war of the rebellion. It is estimated that more than 7,000,000 of dollars will be required for the same purpose during the present year.

— A timid gentleman some days ago met one of our bluff, burly doctors, who is more noted for the force than the polish of his language, when the following colloquy ensued; "Doctor, what shall I take for the cholera?" "The cholera! have you got the cholera?" "No." "Well, take the cholera first.

— Dr. H. R. STORER, of Boston, recently performed the operation of ovariectomy on a patient at Cornwall, Mass., removing both ovaries, one weighing twenty, and the other nine pounds. At last accounts the patient was considered to be out of danger.

Army and Navy News.

NAVY.

List of changes in the Medical Corps of the U. S. Navy, during the week ending October 27th, 1866.

Surgeon L. B. Hunter placed on retired list.

Surgeon J. W. Taylor detached from Naval Rendezvous, Boston, and ordered to the U. S. Ship *Estrella*, as Fleet Surgeon, Gulf Squadron.

Surgeon J. S. Kitchen ordered to the Naval Rendezvous, Boston.

Surgeon S. W. Kellogg appointed Fleet Surgeon, South Atlantic Squadron, from November 1, 1866.

Surgeon J. Beale appointed Fleet Surgeon, Asiatic Squadron, from November 1, 1866.

Surgeon J. McClelland appointed Fleet Surgeon, European Squadron, from November 1, 1866.

Surgeon Samuel Jackson appointed Fleet Surgeon, North Pacific Squadron, from November 1, 1866.

Surgeon J. Rudenstein appointed Fleet Surgeon, South Pacific Squadron, from November 1, 1866.

Past Assistant Surgeon H. M. Wells promoted to Surgeon.

Past Assistant Surgeon E. D. Payne detached from the U. S. Ship *St. Mary*, and placed on waiting orders.

Past Assistant Surgeon D. McMurtrie detached from the U. S. Ship *Winnipeg*, and placed on waiting orders.

Acting Assistant Surgeon R. T. Brooks promoted to Acting Passed Assistant Surgeon.

Acting Assistant Surgeon H. C. Eckstein detached from the U. S. Ship *Purveyor*, and placed on waiting orders.

Acting Assistant Surgeons A. C. Fowler and John Flynn, honorably discharged.

MARRIED.

BARNUM—WRIGHT.—October 24, by the Rev. S. A. Laper, at Chappaqua (New Castle), Westchester county, N. Y., Dr. S. L. Barnum, of New Fairfield, Conn., and Miss Phebe J. Wright, daughter of J. Merritt Wright, of the former place.

CLARK—MAGILFAN.—In New York, October 16, by the Rev. James Harper, D. D., Wm. M. Clark, M. D., and Mary, daughter of the late Thomas Magilfan.

DARBY—THOMAS.—At Galesburg, Ill., October 17, by Rev. Edward Beecher, D. D., Dr. Edwin T. Darby, of Philadelphia, and Miss Carrie B., eldest daughter of E. F. Thomas, Esq.

GOODWIN—COOK.—October 17, by Rev. George H. Hepworth, Dr. D. M. Goodwin and Hattie T. Cook, both of Montpelier, Vt.

GRANGER—BILLINGS.—In Framingham, Mass., October 18, by Rev. John K. McLean, Dr. R. B. Granger, of Boston, and Miss Hester G., daughter of Charles H. Billings, of Framingham.

HARLAN—HOLMAN.—In Dedham, Mass., October 17, in St. Paul's Church, by Rev. Samuel B. Babcock, George Cuvier Harlan, M. D., of Philadelphia, and Miss Mary, daughter of the late Silas Holman, M. D., of Gardiner, Maine.

IVES—STILLE.—October 17th, at St. Mark's Church, Philadelphia, by the Rev. Walter B. Mitchell, assisted by the Rev. Edwin Harwood, D. D., of New Haven, Connecticut, Robert S. Ives, M. D., of New Haven, and Maria, daughter of Alfred Stille, M. D., of Philadelphia.

KEIM—DILKS.—October 25, by Rev. John Thompson, at the residence of the bride's parents, Dr. Milton Keim and Miss Camelia F. Dilks, all of Philadelphia.

KIMBALL—HOLBROOK.—October 18, by Rev. G. W. Blagden, Dr. Horace Kimball, of New York, and Miss Antoinette A. Holbrook, of South Braintree.

LUDLOW—VAN MATRE.—In Chicago, Ill., October 17th, by the Rev. J. E. Homans, Dr. John Ludlow and Maria Van Matre, daughter of the late Daniel Van Matre.

REBER—FARREL.—In Chicago, October 4, by Rev. M. N. Lord, at the residence of the bride's father, Dr. A. S. Reber and Miss Virginia G. Farrel, daughter of Dr. Farrel, of Chicago.

SMITH—SMITH.—October 18th, by Rev. William E. Jones, of Cedarville, N. J., Ira P. Smith, M. D., and Miss Hattie A., youngest daughter of John J. Smith, Esq., all of Bath, N. Y.

THOMAS—DUGAN.—October 10th, at the residence of the bride's father, near Covington, Ky., by Rev. J. W. Langley, Dr. Wm. L. Thomas, of California, and Miss Mattie M. Dugan.

WEDEMEYER—BECKER.—At Pittston, Pa., September 20th, by Rev. C. Oeffinger, Captain William G. Wedemeyer, Sixteenth U. S. Infantry, and Ada A., daughter of Dr. J. C. Becker, of Pittston.

DIED.

ADAMS.—At Bridgeport, Conn., October 20th, Margaret A., wife of Dr. John G. Adams, of New York.

BELL.—October 5th, in Ripley, Ohio, of cholera, Mrs. Elizabeth H., wife of Dr. E. R. Bell, in the 31st year of her age.

BREED.—At Washington City, D. C., October 19th, Guliema, wife of Daniel Breed, M. D., and daughter of the late Robert L. Bowne, of New York.

CHURCH.—At Pau, France, September 27th, in the 41st year of his age, William Henry Church, M. D., of New York, formerly Division Surgeon on General Burnside's staff, and youngest son of the late Hon. Philip Church, of Belvidere, N. Y.

FORT.—At New Egypt, N. J., October 25th, 1866, of typhus gravior, Anna Maria Fort, wife of Dr. George F. Fort, aged 57, years, 4 months, and 19 days.

MCDONALD.—In Brooklyn, October 21, of cirrhosis of the liver, Sarah M. McDonald, aged 43 years, wife of Dr. R. H. McDonald, of Sacramento, Cal.

PETTIGREW.—In Rural Village, Armstrong county, Pa., October 9th, 1866, Matthew McClelland, son of Dr. John M. and Cordelia Pettigrew, aged 1 year and 14 days.

SKILLERN.—At Pulaski, Tenn., October 23d, Elizabeth, wife of Dr. S. R. Skillern, and daughter of the late Peter Penn-Gaskell, of this city.

THOMSON.—In New York, October 21, Eliza Hanna, only daughter of Dr. W. H. and C. S. V. D. Thomson, aged 2 years and 9 months.

ANSWERS TO CORRESPONDENTS.

Dr. T. M. W. Gallatin, Tenn.—The publisher of *Brithwaite's Retrospect* announces, that from January, 1867, the American Summary, by Dr. A. K. Gardner, will be added to their republication of that useful work: the subscription price, as we understand, remaining the same as at present.

METEOROLOGY.

	October,	15,	16,	17,	18,	19,	20,	21,
Wind.....	N. W.	N. W.	N.	N. W.	N.	S. W.	S. W.	S. W.
Weather.....	Clear.	Clear.	Clear.	Clear.	Clear.	Fog.	Fog.	Fog.
Depth Rain.....								
<i>Thermometer.</i>								
Minimum.....	45°	40°	49°	50°	44°	48°	44°	
At 8 A. M.....	55	52	59	56	57	54	57	
At 12 M.....	67	64	70	65	65	66	70	
At 3 P. M.....	67	65	72	64	64	67	72	
Mean.....	58.50	55.25	62.50	59.25	57.50	58.75	60.75	
<i>Barometer.</i>								
At 12 M.....	30.3	30.4	30.1	30.2	30.4	30.4	30.3	

Germantown, Pa.

B. J. LEEDOM.

JEFFERSON MEDICAL COLLEGE.

WINTER EXAMINATIONS.

Drs. DUNGLISON, DUER, MAURY, and KEEN, will commence their Course of Winter Instruction, in connection with the Lectures of the Jefferson Medical College, in October, at their Room, No. 1026 Chestnut Street. The Course will be thoroughly illustrated by a Cabinet of Materia Medica, Models, Plates, Drawings, the Microscope, Laryngoscope, Ophthalmoscope, etc.

Special instruction will be given to office pupils, to whom the Quiz will be gratis. Beside instruction will also be given them in the Surgical, Obstetrical, and Children's Departments of the Philadelphia Hospital (Alms-house), during the services of Drs. DUER and MAURY.

Every facility will be afforded to candidates for the Army or Navy, with a Course in Bandaging and Operative Surgery. Inst. of Medicine and Chemistry, Dr. RICH. J. DUNGLISON. Obstetrics and Practice.....Dr. EDW. L. DUER. Surgery.....Dr. F. F. MAURY. Anatomy and Materia Medica.....Dr. W. W. KEEN.

FEES:

For Office Instruction (one year)..... \$100
For Winter Examinations..... 30
For further particulars, apply at their Room, No. 1026 Chestnut Street (second story), at 9 A. M., or to

RICH. J. DUNGLISON, M. D.,
No. 39 S. Eleventh Street.
EDWARD L. DUER, M. D.,
No. 1704 Arch Street.
FRANK F. MAURY, M. D.,
No. 1005 Walnut Street.
WILLIAM W. KEEN, M. D.,
No. 107 S. Thirteenth Street,
Secretary.

PHILADELPHIA

SUMMER SCHOOL

OF

MEDICINE.

No. 920 Chestnut Street, Philadelphia.

ROBERT BOLLING, M. D.

JAMES H. HUTCHINSON, M. D.

H. LENOX HODGE, M. D.

EDWARD A. SMITH, M. D.

D. MURRAY CHESTON, M. D.

HORACE WILLIAMS, M. D.

The Philadelphia Summer School of Medicine will begin its third term on March 1st, 1867, and students may enjoy its privileges without cessation until October.

The regular Course of *Examinations* and *Lectures* will be given during April, May, June, and September.

FEE, \$50.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, and in Practical Obstetrics. They will be enabled to examine persons with diseases of the Heart and Lungs, to attend women in confinement, and to make microscopical and chemical examinations of the urine. The class rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text-books, Microscope, Chemical Reagents, etc., will be constantly open for study.

SURGICAL DISEASES OF WOMEN. A Course of Lectures will be delivered by H. LENOX HODGE, M. D., on Displacements and Flexions of the Uterus; Inflammation of the Uterus; Polypi; Fibrous Tumors and Cancer of the Uterus; Inflammation of the Ovaries; Tumors of the Ovaries; Ovarian Dropsy; Sterility; Vesico-Vaginal and Recto-Vaginal Fistulæ.

PERCUSSION AND AUSCULTATION in Diseases of the Lungs and Heart will be taught by JAMES H. HUTCHINSON, M. D., by Lectures, and by the Clinical Examination of patients.

WINTER COURSE OF EXAMINATIONS will begin with the Lectures at the University of Pennsylvania in October, and will continue till the close of the session.

Candidates for admission to the Army or Navy, and those desiring promotion to a higher grade, may obtain the use of the Class Rooms, and be furnished with private instruction.

Fee for Office Students (one year), \$100.

Fee for one Course of Examinations, \$30.

Class Rooms, No. 920 Chestnut St., Philadelphia.

Apply to

H. LENOX HODGE, M. D.,

N. W. corner Ninth and Walnut Streets.

ORIGINAL DEPARTMENT.

Communications.

CASE OF FORCEPS DELIVERY.—PUERPERAL METRITIS.—RECOVERY.

By JAMES B. BURNET, M. D.,

House Physician, Bellevue Hospital, New York City.

Mary Leonard, a native of Ireland, aged 33 years, married, was admitted into the Waiting Ward of Bellevue Hospital on May 21st, 1866. She was almost immediately transferred to the Lying-in Ward, but not being in labor, was remanded to the Waiting Ward, where she remained until the evening of May 24th. She felt the pains coming on at 7, P. M., and was transferred at 10. She stated that since she became pregnant she has never been well. She has had more or less cough, and has gradually been getting weaker. There is probably some tubercular deposit at the apex of the right lung. An examination at the time of her admission into the Lying-in Ward, revealed the following conditions:—Os in the posterior part of the pelvis, and dilated sufficiently to admit the index-finger, but exceedingly hard and gristly. The presenting part was thought to be the vertex, but a subsequent examination threw some doubts on the correctness of this diagnosis. The pains were frequent and severe, but at 1, P. M., May 25th, the os remained in nearly the same condition as at the first examination. At 2.30, P. M., the os had begun to dilate, admitting, in addition to the index, the tip of the middle finger.

At 4.30, P. M., Professor G. T. ELLIOT, Jr., saw the patient and found the os slowly dilating, having then attained the size of a 25-cent piece. It was still very unyielding, although her pains were agonizing in the extreme, causing her to shriek and to try every imaginable position for the sake of relieving herself. Dr. ELLIOT made out a vertex presentation, head above the brim overhanging the pubes, and in addition, detected some contraction of the brim of the pelvis, especially in its antero-posterior diameter, which was shortened by the prominence of the sacro-verte-

bral angle. As the os was now dilating somewhat, and the membranes unruptured, he concluded to leave the case to nature for a time, promising to call again at 7, P. M. The pains were still very violent, and seemed to be wearing out the patient's strength.

At 6.30, P. M., the os had dilated considerably, but the rim, during a pain, felt like cartilage, the cervix being somewhat œdematous.

At 7, P. M., Professors ELLIOT and ISAAC E. TAYLOR arrived, and confirmed the diagnosis previously made. As the os had now dilated pretty fully, it was decided to rupture the membranes, and engage the head in the superior strait. Accordingly, at 7.20, P. M., Dr. ELLIOT ruptured the membranes, and succeeded in engaging the head by abdominal pressure in the pelvic brim. Upon consultation, it was decided to leave the case to nature for a couple of hours, when, if little progress had been made, they would deliver by forceps, inasmuch as the foetal heart was still heard beating.

Drs. ELLIOT and TAYLOR arrived again at 10, P. M. Comparatively little progress had been made during their absence, and the lips of the os uteri, especially the anterior one, had become quite œdematous. Before applying the forceps, Dr. ELLIOT endeavored to dilate the os by means of BARNES' dilators, but was unsuccessful, as it was impossible to insinuate them far enough between the os and foetal head, the head being constantly pressed down by the pains, which were still as severe as ever. The warm douche was more successful, conjoined with manual dilatation, inasmuch as, after injecting about a gallon, the os would admit of the introduction of forceps. She was anæsthetized, and at 10.35, P. M., Dr. ELLIOT applied the forceps. The presentation was recognized as that of the posterior fontanelle to the left ilium. The blades were applied, as appeared subsequently to delivery by their marks, over the right frontal bone and behind the left ear. He succeeded in rotating the head partially, but was unable to deliver. He accordingly removed the forceps, and re-applied them, after renewed study of the position, and recognizing that the head had gone back

after their removal. He now completed the rotation, and after considerable exertion, succeeded in delivering the head. The shoulder and body quickly followed. The child, a boy of seven pounds, was born living, but feeble. A free use of the ordinary means completely restored the respiration. There was a caput succedaneum on the right posterior portion of the scalp, and a mark over the right eye, indicating the point of application of the forceps. There was paralysis of the portio dura of the left side, but this paralysis passed off in two or three days. The uterus contracted well, and in thirty minutes the placenta was removed and the binder applied. The woman rallied well, and at 12.30, noon, May 26th, she was transferred to Ward 20, 4th Medical Division, pulse being 75, full and strong, and her expression indicating the great relief which she had experienced.

The above report has been kindly furnished me by the physician of the Lying-in Ward. During the afternoon and at the evening visit she was found to be comfortable, and complained of no uneasy sensation.

At 11.30, P. M., however, on visiting her again, she complained of a severe aching pain in the hypogastrium, and on examination, the uterus was found enlarged and excessively tender on pressure. Her head and bones ached, the surface of her body was hot and dry, and her pulse somewhat firm and 144 in the minute, her respiration being 36. Her tongue was coated, and her bowels constipated. The lochia and milk were scanty. There had been no distinct chill, no nausea, and no tympanitis. The diagnosis of *puerperal metritis* was made, and the treatment commenced at once with fifteen drops of MAGENDIE'S solution of morphia, and ten grains of the bisulphite of soda.

May 27th, 1, A. M. Pulse 140; respiration 34. Administered Mag., gtt. xv., and quiniæ sulph., gr. ij.

3, A. M. Pulse 140; respiration 34. Administered quiniæ sulph., gr. ij.

5, A. M. Pulse 136; respiration 32. Mag., gtt. xv. Quiniæ sulph., gr. ij.

7, A. M. Pulse 132; respiration 30. Mag., gtt. x. She does not feel much pain on pressure, except in the left iliac fossa.

9, A. M. Pulse 116; respiration 24. Mag., gtt. v., and a large blister is now applied over the uterus.

11, A. M. Pulse 120; respiration 26. Mag., gtt. x.

1 P. M. Pulse 120; respiration 24. Mag., gtt. x.

3, P. M. Pulse 112; respiration 22.

5, P. M. Pulse 108; respiration 22.

7, P. M. Pulse 110; respiration 26. Mag., gtt. x. She has had four passages from her bowels, very offensive and whitish in color. The sodæ bisulphite, gr. x. of which she has been taking every four hours, is now stopped.

9, P. M. Pulse 104; respiration 26. Mag., gtt. x.

11, P. M. Pulse 104; respiration 24. Mag., gtt. x. Has just had another passage from her bowels.

May 28th, 1, A. M. Pulse 104; respiration 24.

5, A. M. Pulse 90; respiration 22. Has had two more passages from her bowels.

7, A. M. Pulse 92; respiration 20.

9, A. M. Pulse 94; respiration 22.

10.30, A. M. Pulse 85; respiration 20. Another passage from her bowels.

12.30, P. M. Pulse 100; respiration 27. Mag., gtt. x. No pain on pressure.

2.30, P. M. Pulse 94; respiration 19.

5.30, P. M. Pulse 88; respiration 14. Has a slight headache.

7.30, P. M. Pulse 86; respiration 14. Sleeps quietly.

10, P. M. Pulse 87; respiration 21. Had a slight chill.

12, midnight. Pulse 102; respiration 21. Mag., gtt. xv. She feels a little pain when she coughs. Lochia present and not offensive.

May 29th, 6 30, A. M. Pulse 91; respiration 16.

9.30, A. M. Pulse 87; respiration 20. Mag., gtt. v. Slight pain in left iliac fossa.

11.30, A. M. Pulse 108; respiration 26. Mag., gtt. x.

3, P. M. Pulse 96; respiration 20.

5, P. M. Pulse 88; respiration 22. Mag., gtt. v. Slight stinging pain in region of uterus.

May 30th, 1, A. M. Pulse 86; respiration 22. Sleeps gently.

8.30, A. M. Pulse 80; respiration 17.

2, P. M. Pulse 88; respiration 20. Ordered an injection.

6, P. M. Pulse 90; respiration 16.

11.30, P. M. Pulse 88; respiration 18. Mag., gtt. xv.

From this point she went on convalescing so rapidly that it was not deemed necessary to see her so often. No bisulphite of soda has been given since the diarrhoea made its appearance, and the morphia has also been stopped. She is taking still, and has been taking all through the attack, two grains of the sulphate of quinia every two hours. Her diet has consisted of milk, eggs, whisky, and strong beef-tea. After the blister

was removed, hot poultices were kept constantly applied to the abdomen. Her lochia and milk were never entirely suppressed.

June 11th. She has been slowly but surely improving up to this time. She has plenty of good milk for her baby, and they are both doing remarkably well. She is now taking

R. Ferri et quiniæ cit., ℥i.
Syr. aurant., f. ʒiv. M.

S. Teaspoonful three times a day.

In about two weeks she was discharged perfectly well, without the least remaining evidences of her former trouble.

VESICO-VAGINAL FISTULA:

Its History and Treatment.

By D. HAYES AGNEW, M. D.,

Demonstrator of Anatomy and Assistant Lecturer on Clinical Surgery in the University of Pennsylvania; one of the Surgeons of the Pennsylvania Hospital; and one of the Surgeons of the Wills Hospital for Diseases of the Eye.

(Continued from page 375.)

Case 10. L. L., aged 35 years, from Pennsylvania, was admitted to the Philadelphia Hospital in the month of April, 1864, suffering from a transverse vesico-vaginal fistula, three-quarters of an inch in extent, and situated in the bas fond, with the complete destruction of the urethra. She was married at the age of 17 years, and 15 months after fell in labor with her first child at full term. She knows the child presented by the vertex. After being in labor forty-eight hours the forceps was applied, and after one hour the child was extracted dead, a male, and more than ordinarily large. Her urine, she states, was not drawn off, and she was never conscious, after delivery, of passing her water the natural way. This fistula was therefore over seventeen years' standing. The vagina had undoubtedly sustained much injury, as it was greatly narrowed in its whole extent. Her health was poor, and in no condition for an operation. She was placed on a tonic course of treatment, with some improvement, and on the 9th of June, 1864, I concluded to make an attempt for her relief. The edges were pared, and fifteen wire threads inserted, securing each with the shot, which closed the vesico-vaginal rent satisfactorily. A catheter was placed in the bladder, and worn for nine days, when the stitches were removed; no attempt even at union seemed to have occurred. Increased attention was now given to her general health, and on the 28th of the following October, a second attempt was made, twelve stitches being inserted, and with an unsuccessful result, union having taken place only to the extent of one-third of an inch. On the 3d of

March, 1865, a third operation was executed, nine sutures being used, and the result again unfavorable. On the 2d of June a fourth operation was performed, in which nine threads were employed, and this time with complete success. During the period she had been suffering from this fistula she had five miscarriages, all occurring at the fourth month. It is contemplated to attempt next the formation of a urethra for this patient.

Case 11. Mrs. H., aged 28 years, residing in an adjoining State, fell in labor with a first child. Her parturition was slow, vertex presentation, and becoming exhausted, the forceps was applied for her relief, and the process completed by the removal of a dead female fœtus at full term. Four or five days following, her urine was discovered dribbling over the genitalia, and on inquiry, by her physician, little doubt was entertained that a fistulous opening existed between the bladder and vagina. On the 24th of May, 1865, eight weeks after recovery, I visited her, and on examination discovered the opening situated near the cervix vesicæ, oblique in direction, and about three-quarters of an inch in extent. She was placed under an anæsthetic of ether, and after freshening the margin of the opening, it was brought together by six sutures of silver wire, and clamped with shot, the usual detail of treatment being observed. In consequence of some pleuritic symptoms occurring about the eighth day, the stitches were not removed until the tenth day, when the wound was found thoroughly united.

Case 12. Mrs. M., of Philadelphia, aged 30 years, applied to be relieved of a vesico-vaginal fistula. A few months previous she had been delivered of a dead child (her first), after being in labor forty-eight hours. It was a breech presentation, and after the extrusion of the body, the head was retained for several hours. At what time after, the opening occurred she could not determine, as she had no sensations decisive of the accident, but believes the urine dribbled ever after her labor.

On the 24th of November, 1864, I operated, assisted by Drs. McLERNY, WILSON, and ALLEN. The opening was situated about three-quarters of an inch above the cervix vesicæ, transverse in direction, and about six lines in extent. It was freely freshened, and closed with eight silver sutures. Nothing unusual occurred during the subsequent course of the case, and on the ninth day the sutures were removed, the opening to all appearance closed. After getting up she was under the impression all was not quite right, as

she was conscious of an unusual moisture at the outlet of the vagina, and her clothing had a urinous odor; still she was able to pass her water in a fair stream. On examination I failed to detect any opening, although the bladder was not injected, the cicatrix looking so perfect. I was disposed to believe the urethra or neck of the bladder had not entirely recovered tone, and allowed some to escape, and advised the use of tonics, with the extract of *nux vomica*, and not to allow the urine to accumulate. The difficulty was not relieved, and, on a second careful examination, an opening, of almost capillary dimensions, was discovered at one angle of the cicatrix. The part was denuded, and two stitches inserted, which completed the cure, as she has since been perfectly well.

Case 13. Mrs. —, æt. 30, a small delicate lady from a distant land, in a first labor, greatly protracted, discovered, after five days, her urine running from her without control. She was informed that a fistula existed, and was for some time treated by cauterization. Becoming in the meantime pregnant, all remedial measures were suspended. Her confinement took place in Philadelphia, under the care of Dr. STROUD, seven weeks after which, I was invited by the Doctor to visit her and examine the case. The fistula was quite small, and situated in the vesicle triangular space. On Sept. 12th, 1865, assisted by Drs. STROUD, HUNT, RODMAN, and TOWNSEND, I performed the usual operation, inserting, after the edges were properly denuded, four silver sutures, and securing them with shot. The subsequent treatment was conducted by Dr. STROUD. The only troublesome symptom arising in the progress of her case was occasionally a violent spasmodic contraction of the bladder, expelling the catheter, but which was overcome by enemata of a little thin starch-water with laudanum. On the ninth day I removed the sutures, the opening being successfully closed. Very recently I have heard from this patient, who continues to enjoy perfect health.

Case 14. Mrs. G., æt. 29, residing in a neighboring village, went into labor with her first child. Her pains were severe and exhausting. The head of the child presented, and after thirty-six hours, the forceps were applied and the child extracted, dead. Her urine had not been removed during labor, and she thinks that, four days after, it commenced escaping from the vagina.

When I first visited her, she informed me a year and a half had elapsed since the accident, and that three operations had been attempted without

success. On examination a double fistula was discovered, each running transversely through the vesical triangle, and separated from each other by about three-eighths of an inch. This condition was easily explained by referring to the previous operation—the middle of the wound uniting, and the extremities remaining open. Assisted by Drs. MORTON, SUTTON, AGNEW, and WEIGHTMAN, I operated a few days after, by paring the edges of each, and closing one with five, and the other with four sutures. Everything progressed well until the third day, when she was seized with pain in the abdomen, with free bleeding from the vagina, which at first I was disposed to believe was a copious menstruation. Her bowels also became disturbed, and her appetite failed. Opium and warm fomentations relieved her pain and diarrhoea, but the bleeding continued for seven days. On the ninth day, the threads were removed, one fistula being found closed, and the other open. After this the woman became pale and dyspeptic, and in no condition to justify an operation. Under a properly regulated diet and tonics, she improved rapidly in general health, and in the meantime became again pregnant.

Two months after her confinement, on the 4th of November, 1865, assisted by Drs. PATTERSON, HALL, and TOWNSEND, I operated, closing the opening with nine metallic threads. Not an unpleasant symptom occurred, and the sutures were removed on the ninth day following, the wound proving to be closed soundly in its entire extent. An interesting fact connected with this case was the disposition, if she allowed her bladder to become too much distended, to some incontinence. To correct this an elastic-ring pessary was introduced, which, by its pressure on the neck of the organ, effectually relieved the difficulty.

Case 15. S. G., aged 25 years, a native of Ireland, was admitted into the Pennsylvania Hospital, October the 10th, 1865, suffering from a vesico-vaginal fistula since the April previous. It occurred as a consequence of a tedious labor with her second child, forty-eight hours having elapsed before it was delivered. Her physician stated to her it was a cross-birth. No instruments were used, but the leg of the child was broken in two places. Of course the foetus was dead. The time she passed her urine first through the vagina, she could not determine, but thinks before the second day after her confinement. At the expiration of two weeks she got up, but found herself so weak on her limbs as to be unable to walk. Her first labor was not difficult. After

her recovery, two operations were performed for the closure of the fistula, by her physicians, both unsuccessful. On examination, after her admission, the fistula was found to extend longitudinally from the neck of the bladder to the os uteri, and inclining to the left of the cervix passed along its entire length.

On the 24th of October, assisted by Drs. HUNT, MORTON, HEWSON, and the hospital residents, I executed the operation described in the previous cases. As the neck of the uterus formed one side of the fistula above, the os looking into the bladder, it was necessary to freshen it, and secure it to the opposite side. The opening was closed longitudinally with thirteen sutures. Not an unfavorable symptom followed the operation, and on the ninth day these stitches were taken out, and except at a single point, where the vaginal wall blends with the cervix uteri, a solid union secured. To close this a second operation was performed, eight weeks after, requiring three stitches, and resulting in complete closure.

[To be continued.]

ON DIGITALIS AND ITS USES.

By Jos. ADOLPHUS, M. D.,

Of Hastings, Michigan.

While the profession is in serious quest after new remedies, we have been sadly at fault in neglecting old and valuable ones, in consequence of not having sufficiently attended to their therapeutic and physiological operation. Such is the case with the article now under consideration. It is not unusual to find digitalis stated in the books as an arterial sedative, whose operation is particularly on the action of the heart. In part this is true, but the true usefulness of digitalis is not to be found in its arterial sedative qualities. I will call attention to the use of this article in general practice, and then a more correct judgment may be formed of its usefulness.

A woman æt. 38; anemic, with a small, weak, frequent pulse, 115 per minute; heart's action weak, with deficient aortic valves; general cedema; pupils contracted in the morning, and much dilated at evening; nervous system quite irritable; tongue moist, flabby, broad, pale and tremulous when protruded; respiration short, 23 per minute; occasionally skin colored with a jaundice hue; complains frequently of headache; feet and hands most generally cold and clammy, and for a week back complains of insomnia. When I first saw her she had a hacking cough, anorexia, feeble pulse, and sleeplessness; she was attended by a neighboring physician, who called her case tubercu losis. I immediately put her under the

tincture digitalis, according to the U. S. P., gtt. x. three times a day; no other remedy. Five days after, the pulse was 85 per minute, and strong; skin moist and warm, and cedema disappearing; color of skin more natural; respiration reduced to 18 per minute; relish for food returning, and sleep better, being more refreshed; heart's action more regular. At the commencement of the second week, all the symptoms quite improved. She then took cod liver oil, and thirty-six days after this treatment was begun, she was well enough to leave off the digitalis which she had taken in four-drop doses after the first eight days. She continued the oil for two months longer, and has from that date (seven months) onward had no return of her bad symptoms, though the valvular disease is still present.

Commentary. This case is one of four, all treated in like manner, and shows that digitalis is a tonic to the circulating system.

No unusual flow of urine occurred during the disappearance of the cedema, and with its disappearance also went the jaundiced discoloration of the skin. The restored cardiac force was followed by improved digestion and nutrition; the brain was supplied with superior life-force through the improvement in the blood. That the power of the remedy was in fact directed toward the nutritive and nervous system cannot be denied, inasmuch as the excito-secretory system of nerves were renewed in life-force.

The next class is that of pneumonia. Seven cases of pneumonia, treated with digitalis tincture.

Case 1. Boy eleven years old; full habit and strong physical development; was attacked with single pneumonia of right lung; condition of patient eighteen hours after first chill was as follows: Pulse 105, sharp, full; skin hot; face flushed; cough frequent and dry; urine scanty and high-colored; headache; eyes suffused and watery; pupil sensitive to light; respiration quick and short, painful; percussion dull up to sixth rib; respiration higher up, puerile; over the inflamed part the sound was mixed with crepitant rale, dry rhoncus, etc., etc. Commenced the treatment with two drops of tincture of digitalis, every hour; enveloped the chest in a mush poultice. Ten hours after, the cough was not so urgent, and the pulse was lowered five beats. Thirty-six hours later fine crepitation was heard; puerile respiration not so strong; urine more copious. In forty-eight hours more resolution was effected.

Case 2. Man, 36 years of age; bilious habit, mixed with nervous; attacked with chills and rig-

ors, followed by high fever; cough; painful respiration, and headache. I saw the case sixty hours after the first chill. Auscultation and percussion revealed confirmed pneumonia. Pulse 100; tongue sharp, red at tips and edges, base dirty white; papillæ prominent, especially toward lower third. Skin hot and pungent; breath offensive; eyes red and suffused; pulse soft and quick, quite easily compressed and lost under the finger; lower half of left lung involved; cough very harassing; sputa thick and tough; urine scanty, ammoniacal and high colored.

Commenced the treatment with ten drops of tincture of digitalis, every four hours, until six doses are taken, and then five drops every four hours. Sixty hours after, symptoms began to yield. Sputa began to grow less tenacious. Pulse stronger, and not so full nor so soft. Fifth day of treatment the crepitant fine sound began to be heard. On ninth day patient considered convalescent.

Case 3. Woman, 62 years old; of broken down constitution; was attacked with pneumonia in both lungs, but severest in right. After the second stage was well established, (which was on the fifth day,) I saw her. Pulse 130, quite small and weak; dulness all over lower half of right lung, and one-fourth of left; no respiratory murmur, or sounds of any kind; tongue dry, covered with dark-brown fur; respiratory movements quick and short. Case esteemed of a typhoid type.

Commenced treatment with three drops of tincture of digitalis, every three hours. In eighty-four hours the pulse grew stronger and firmer; and in sixty hours more, respiration began to be heard in the upper edge of the left lung, and so on gradually, and by the eighteenth day respiration was restored all through both lungs.

These three cases are types of the whole, but let us read a lesson.

The great power of the remedy was to strengthen the heart's action, for the pulse was more or less strengthened before forty-eight hours of treatment. Nutritive life was developed anew, for the life-forces seemed to be called into renewed action.

In all these cases quinine was used, and mush jackets applied to the whole chest—which, by-the-by, is one of those great adjuncts to the successful treatment of all lung complaints, which we must never neglect.

Two Cases of Delirium Tremens treated by the Tincture of Digitalis after Opium and Chloroform had failed.

Case 1. Third day of utter sleeplessness, with all the horrid symptoms of delirium tremens.

Two teaspoonfuls of tincture of digitalis was ordered at once, and repeated in two hours. Sleep was procured in four and a half hours, but not till the pulse was made firmer.

Case 2. Was an old sot, who had suffered from repeated attacks of delirium tremens, which lasted longer at each recurrence. I was called to see him on the second day of the attack, and his brother told me that I had better kill him at once, as he was a miserable nuisance. I gave him f.ʒvj., tincture of digitalis, as he was raving, violent, and almost unmanageable. In an hour he began to grow more manageable, and in three hours went into a profound sleep, which lasted three and a half hours, when he awoke nearly collected and much refreshed; f.ʒij. were then administered in ʒvi. of beef tea, and the case was effectually cured in two days.

I was consulted concerning a delicate young lady, quite pale and anemic, æt. 23. The catamenia had never appeared. Hands and feet cold much of the time; shortness of breath; heart's murmur loud, hollow sound; palpitation; no desire to locomotion; occasional flushes of fever followed by headache; complains much of cardialgia and acid stomach; abdomen tympanitic; appetite morbid; bowels very irregular, sometimes quite costive, at others loose; has suffered from several attacks of hæmoptysis; sometimes the sclerotic coat of eye would be quite yellow, at others quite blue; tongue broad, partly white and pale, papilla very prominent; lungs sound; sleep quite imperfect, dreams very much; digestion quite in error. Has been treated by several physicians with iron, cod liver oil, and emmenagogues, all to no effect. Saw her six months ago; ordered ten drops of tincture digitalis three times a day. On the fifth day poisonous symptoms came on. Suspended the tincture for three days, and commenced with six drops three times a day. In ten days more toxic symptoms supervened again. Stopped for three days, when four drops of tincture was given three times a day, and continued thirteen days longer, when pain in pelvic cavity was felt, quite slightly at first, but increased in intensity for four days, when the flow came on quite lightly. The remedy was then given in two-drop doses three times a day, and by the forty-sixth day the flow was complete. Appetite gradually improved. The first notable symptom of improvement after the second toxic effect, was a feeling of agreeable warmth in the feet and hands, which was followed closely by more sound and refreshing sleep. The paleness of the mucous membrane of the lips, jaws and tongue began to pass away with the coldness of surface. She ob-

served to me that her food gradually set lighter on her stomach, and that her heart symptoms were the first to feel improved.

This case greatly improved in sixty days, and cod liver oil was followed up for one hundred days in succession, and now she is in perfect health. Nothing but the tincture of digitalis was used for the first forty days. If we study this case closely, we shall find that the medicine in producing its toxic effect was followed by no permanent ill consequence; that its tonic power on muscular fibre, under certain circumstances, is not to be disputed. What these circumstances are, constitutes the pith of the matter. I am of opinion that the *modus operandi* is on the molecular life of the organ, throwing it into tonic movements. But I must not fail to show that the action is primarily on the heart, if not through the nutritive system. Digitalis has a power over the life forces that calls forth a greater power in the organs to select nutritive material from the blood. I must not be understood to say that I claim for it any power of enriching the blood. But we must not suppose that the blood is ever quite destitute of nutritive material. But when the vital forces are low, in consequence of imperfect nutrition, a general anemia of fibre occurs in consequence of imperfect supply of nutrition from impoverished blood.

But at the same time, if there exists a dormant life force in fibre or molecules, susceptible to stimulating action through the tonic power of digitalis, a renewal of life occurs, whose result is to call or select from the blood, poor as it may be at first, new material, which is followed by elimination of effete matter, and hence an awakening of life force through the whole nutritive system which calls for material to supply the waste, thereby making a demand for food. This is set forth in strong light by the fact that digitalis causes a large increase of solid excreta in the urine, without greatly increasing the quantity of water. This I repeatedly observed in pneumonia, for the demand for food was greater in cases treated with tincture of digitalis than when treated otherwise. It would be difficult to show that digitalis is a stimulant, that is in the usual acceptation of that term, nor can we call it a tonic in the sense we do colombo and other tonics. However, we cannot fail to see that its effects are such as we should expect from a remedy that could appeal at once to the elementary molecules of tissue, and call or waken them into renewed activity.

But its influence on the nervous system is manifestly different from that of narcotics proper,

or of nervous sedatives. How it acts upon the excited brain and nervous system when suffering from alcoholism, can only be explained in the light of an antagonism to that poison on those tissues.

A PIERCER, (AN INSTRUMENT USED IN FORMING EYELETS,) $2\frac{3}{4}$ INCHES LONG, ENCRUSTED WITH CALCULUS, REMOVED FROM THE FEMALE BLADDER.

By T. G. MORTON, M. D.,

One of the Attending Surgeons of the Pennsylvania Hospital, Philadelphia.

Mary A., æt. 27, was admitted into the Pennsylvania Hospital October 11th, 1866. Unmarried, by occupation a seamstress, of shy manners and nervous temperament.

She stated that, four months ago, a wooden seat had broken under her, and that a splinter, she thought, had penetrated her person through the vagina; since the accident, her sufferings have been intense. She had been treated for "womb disease," the introduction of a catheter on several occasions not having detected any foreign body in the bladder.

At the time of her admission she was pale, with an anxious expression, unable to sit or stand upright without great suffering, invariably assuming a stooping posture when going about; in bed her most comfortable position was on her back, with the knees well drawn up—a great deal of pain in the hypogastric region, a constant desire to micturate, with inflammation and swelling of the urethra. A sound passed into the bladder at once came in contact with a foreign body. When questioned, she indignantly denied ever having passed anything into her bladder.

Oct. 12, 1866. Ether was administered and the urethra was rapidly dilated, sufficiently to allow the introduction of the forefinger. A foreign body, long and slender, was found, occupying a position antero-posteriorly, being held tightly by the much contracted organ; one end seemed pointed and projected above, and to the right side of the pubes, and could not be disengaged from its position.

I now determined to bring forward the posterior or blunt end, and accomplished this, with some difficulty, by the aid of the finger. When near the urethra, the forceps were introduced, and the foreign body was easily extracted.

It proved to be an old-fashioned *piecer*, made of horn, measuring $2\frac{3}{4}$ inches in length, one end being very sharp and smooth, the other blunt,

rough, and covered with calculeous incrustation, several lines in thickness. From its position, I felt sure that it must have been introduced, when the bladder was much distended, blunt end first, which proved to be the case. Within twenty-four hours the patient had control over the bladder, and was free from pain. She appeared very much astonished at the result of the operation, and then confessed that on the 19th of June, four months ago, she had introduced the instrument, blunt end first, into her urethra, and in endeavoring to withdraw it she experienced pain, when, letting go her hold, it slipped back. On emptying her bladder immediately afterward, she thought it came from her, and thus was induced to invent her first account to conceal the real cause of her suffering.

The case is interesting from the fact that the foreign body could hardly have been introduced entirely within the bladder, unless that organ had been distended with urine; and secondly, that the patient was in constant danger of having the pointed end of the instrument, either from ulceration or force, thrust through the walls of the bladder into the abdominal cavity, for the irritation which it induced, kept the organ in a constant state of contraction.

A NEW OPERATION AT THE ANKLE-JOINT.

By J. N. QUIMBY, M. D.,

Of Jersey City, N. J.

I was called by Dr. CRAIG, May 18th, 1866, to see Michael Donohoe, æt. 10 years, who had been run over by a city horse car, the wheels passing over his foot high up in the instep, nearly severing the foot from the leg, with the exception of the astragalus and os calcis, the former being partially dislocated. The soft parts were terribly lacerated and contused, and a portion of them carried away. After a careful examination of the case, I determined to perform an operation that I had performed before with satisfactory results, viz., make a curvilinear incision across the dorsum of the foot, commencing anterior to, and about an inch below the internal malleolus, to a corresponding point on the opposite side, and then starting from the same point and going under the sole of the foot to the same point on the opposite side, forming an anterior and posterior flap, similar to the operation performed by

M. PIROGOFF, of Russia. After forming the anterior flap and turning it back, I then carefully dissected out the astragalus from its attachments, being careful to keep close to the bone. Then forming the posterior flap from the sole of the foot, I carefully dissected out, keeping close to the bone, the anterior half of the calcaneum; this being done, and the soft parts being well retracted by an assistant, the saw was applied so as to remove the anterior half of the bone. Then after rounding off the sharp edges of the bone, and removing any spiculæ, the posterior half is applied directly to the articular surface of the tibia.

After stitching up the flap in the usual way, a strip of adhesive plaster was applied, three inches in width, extending from the upper portion of the gastrocnemius muscle, to a corresponding point on the anterior surface of the leg, passing directly over the os calcis, so as to keep it closely, and pretty firmly in apposition to the articular surface of the tibia, which is kept there until union between the bones has taken place. The adhesive plaster and the manner of using it, I regard as a very important auxiliary in the treatment, as it effectually prevents the retraction of the gastrocnemius muscle, and the gaping of the wound. In the present case, the patient was able in six weeks to bear some weight upon the stump, and in two months could walk quite well, and in three months was going to school running and playing with the rest of the boys, with but very little apparent inconvenience, and without any artificial assistance from crutch or cane.

I desire to call the attention of the medical profession very briefly, to three important points. The first advantage of this operation over any other at the ankle-joint, is that the vascular relations of the principal flap are much less disturbed, and there is, therefore, less danger of sloughing or of tardy and imperfect healing of the wound. The second advantage, is that the integrity of the tibia and fibula is preserved, and there is on that account a better chance for the growth and development of the limb in young subjects. The third advantage is, that the length of the limb from the hip to the heel, is diminished to so slight a degree, that the difference is scarcely appreciable.

— Just previous to the severe earthquake shock in France, Schonbein's iodized paper became dark blue, proving a highly electric state of the atmosphere.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
October 10, 1866. }

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Hydrorachitis.

Laura C—, æt. 13. This patient presents a peculiar malformation of the chest, a contorted appearance of the spinal column, which is curved to a great degree, not only anteriorly, but also laterally, over toward the left side; a concavity, corresponding with the projection in front, in the dorso-lumbar region; a tumor of very large size in the upper portion of the lumbar region; and an enlargement of one of the lower extremities. The child was born with the tumor, which has been steadily increasing with the growth of the body. It is soft and fluctuating, evincing the presence of fluid. There is no discoloration of the integument covering it. The enlargement of the lower extremity was caused by an injury received several years ago, the part remaining ever since in a state of irritation. The child is anemic in appearance, and has a tumid abdomen.

The congenital tumor observed here has been gradually growing, since the bulk is now considerable. It is soft, compressible, and fluctuates very distinctly under the finger; therefore it contains a fluid. From the long duration of the affection, this fluid must be assumed to be of serous character, and the disease hydrorachitis, bifid spine, or spina bifida.

This congenital defect consists essentially in a protrusion of the envelopes of the spinal cord through a deficiency in the vertebrae. It is analogous in nature to such malformations as hare-lip, cleft-palate, hypospadias, umbilical hernia and estrophy of the urinary bladder. If the tumor were pierced by a delicate trocar or exploring needle, a fluid would escape, and the bulk of the tumor disappear. This fluid, if examined, would be found to be of a limpid character like the clearest well water, saline to the taste, and destitute of albumen. It is the cephalo-spinal fluid, which exists naturally to a greater or less extent in the arachnoid sac, both with brain and spinal cord, and is essential to the due performance of the functions of the great cerebro-spinal centres. This fluid is here present to a redundant extent, and forms the great mass of the bulk of the tumor.

It is remarkable that this child should have attained the age of thirteen years, as most children born with this affection die at an early period, some within a short time after birth, and a great majority before the expiration of the first eighteen months or two years. The pressure produces inflammation, which by-and-by terminates in ulceration and perforation of the tumor and an escape of its contents, which is followed by convulsions; and, sooner or later, if not immediately, by the death of the patient. This case is therefore an exceptional one, though there are on record instances of persons affected in this

way who have lived to a comparatively advanced age.

The spinal curvature here is of long standing, and in great measure irremedial. The present indication is, to bring up the state of the system by tonics, concentrated and nutritive diet, and nutritious drinks.

Operation of Lithotomy.

John M., æt. 13. He has had some trouble in his bladder all his life. He cannot make water when he wants to. He desires to urinate fourteen or fifteen times a day, but not at all at night. Sometimes the water comes pretty well, then there is a sudden stoppage, when he jumps about, thus causing the water to flow again. He is obliged to strain and lean forward in urination. There is pain at the extremity of the penis, and occasional prolapse of the anus. He sleeps well at night. He is very susceptible to atmospheric vicissitudes.

He has nearly all the rational symptoms of stone in the bladder. It is remarkable, however, that he has no trouble at night. A patient should not be cut for stone in the bladder, on the evidence simply of these rational symptoms, constitutional and local. This may give rise to the suspicion that a stone exists, but positive certainty can only be attained by the use of the sound.

The patient was placed on his back, put under the influence of chloroform, and the thighs raised and separated from each other. The sound was then oiled, rubbed between the thumb and fingers to warm it, and inserted into the urethra after the manner of a catheter. The click of the calculus was very distinctly elicited, and thus the rational symptoms were confirmed by this exploration. The boy had previously been placed on the use of *uva ursi*, and the bi-carbonates of soda and potassa, to render the bladder tolerant of interference, by obtunding the morbid sensibility of its mucous membrane.

It was formerly supposed there were certain articles of the *materia medica*, as alkalies and acids, which had a solvent power, and would reduce a secretion of this kind, and ultimately entirely dissolve it. Experience has shown the inutility of such remedies. They may produce a certain amount of solution, perhaps, but so little that no man of sense, science, or experience, would trust to them in the slightest degree. A calculus is occasionally expelled spontaneously. This expulsion may be promoted by the enlargement of the urethra by means of bougies, when the patient has been suffering under the symptoms of stone for a comparatively short time, and the stone is found to be of small size. After the urethra is widely dilated, the patient should be instructed to retain his water as long as possible; or, if he be a child, the penis should be tied up, and then the water should be passed in a full stream, when, if the calculus be of small size, it will be likely to be expelled through the natural channel. If the stone become impacted in the urethra, it may have to be pushed back into the bladder, or extracted by the urethral forceps.

In the present case the stone is too large to be dealt with in this way, and it is proposed to cut

it out. There are several routes to the bladder, one by the perineum, one by the hypogastric region, and one by the rectum. The perineal operation preferred, and always performed by Prof. GROSS, is the lateral, which was perfected by CHESELDEN in the last century. It is one of the most complete of all of the operations of which any conception can be formed. It is called the lateral operation, because it is performed on the left side of the perineum. There is a modification of this operation spoken of by CELSUS, and perfected by DUPUYTREN, called the bi-lateral operation, for which there can be very little use at the present day, when calculi are almost invariably comparatively small.

It is only when the calculus is of great bulk, that such a procedure is at all necessary or proper, and even then it may be dispensed with, by adopting the method suggested by LISTON, of London, which consists in dividing the right lobe of the prostate gland to nearly the same extent as the left. The hypogastric, the high, or the suprapubic operation, was in great vogue at one time, especially in France. It should be performed only when there is a large stone, weighing ten, fifteen, or sixteen ounces. There is a calculus in the cabinet of Prof. MORR, weighing sixteen ounces, which was extracted by the perineum. The recto-vesical operation was practised early in the present century. As it is extremely liable to be followed by recto-vesical fistule, it has been abandoned. Dr. BAUER, of Brooklyn, recently performed it, and then sewed up the wound with the interrupted suture, just as after the operation for vesico-vaginal fistule, the union being perfect.

The patient, under the influence of chloroform, was brought down to the extremity of the table, and Dr. GROSS performed the lateral operation; the finger having first been inserted in the rectum to induce its contraction. The stone extracted weighed three and a half drachms.

Nothing at all was applied to the wound, which was left to take care of itself. No tube was introduced to draw off the urine. The patient was carried to his bed—a soft mattress, with a piece of oil cloth over it; over the oil cloth a folded sheet was placed, to receive the urine as it flows from the wound. The parts should be kept perfectly clean and comfortable. One-quarter of a grain of morphia was ordered, so soon as he recovers from the influence of the chloroform; one-quarter more during the afternoon, and perhaps another quarter during the night. The bowels were evacuated before the operation, and will be kept tied up for three or four days; then a mild laxative or enema will be administered. The nourishment must depend upon the condition of the system. If the patient be in good health, as in this case, he may speedily resume his customary diet.

— Mrs. DEBORAH BEDFORD, aged 93 years, the sole survivor of the famous Wyoming massacre, which occurred during the Revolutionary war, is still living with her son, Dr. A. BEDFORD, at Waverly, Pa.

—The Middlesex Hospital (London) has lately received from an *anonymous* friend the munificent donation of one hundred thousand dollars.

Medical Societies.

VERMONT MEDICAL SOCIETY.

FIFTY-SECOND ANNUAL SESSION.

Reported by the Secretary.

The fifty-second annual session of the Vermont Medical Society was held at Montpelier, October 17th and 18th, 1866. The President, WILLIAM MCCOLLUM, M. D., of Woodstock, in the chair; L. C. BUTLER, M. D., of Essex, Secretary. The session was opened with prayer by Rev. Mr. WHELOCK, of Cambridge.

The Society then proceeded to business.

Dr. E. D. WARNER, the Committee appointed at the semi-annual session, to "inquire into and report the facts" in the case of the "member of this Society, alleged to be engaged in the manufacture and sale of a patent medicine," and "using quack methods of introducing the same to the public," reported that he had held correspondence with the individual named, and ascertained that he is vending a remedy for diphtheria, which he terms the "Italian Remedy" for that disease, but that the recipe for it is not held as a secret from the profession, but has been communicated freely to any of the profession desiring it.

The report was accepted, and after considerable discussion the whole subject was referred to a Committee, consisting of Drs. Woodward, of Brandon, Upham, of Randolph, and Morgan, of Bennington, with instructions to investigate the matter more thoroughly, and report at the semi-annual meeting.

The credentials of Drs. A. Millett and S. Phelps, from the Massachusetts Medical Society, and of Dr. Ashbel Woodward, from the Connecticut Medical Society, were presented, and they were cordially greeted as delegates from those Societies, welcomed by the President, and invited to participate in the proceedings of the Society.

Dr. E. D. Warner was appointed a Committee on the admission of members, in the place of Dr. Russ, who was absent. Dr. Russ was subsequently present.

Dr. H. D. HOLTON, from the Committee on the resolution of Dr. Perkins at the semi-annual session, reported several amendments to the Constitution of the Society, and an "Order of Business."

The report was accepted and adopted.

These amendments provide for a Board of Councillors, consisting of one from each county in the State, who have the general oversight of the business arrangements for the annual and semi-annual sessions, and to whom all applications for membership must be made.

Dr. J. N. STILES, one of the delegates to the New Hampshire Medical Society, reported his attendance upon the annual meeting of that Society. One item of business transacted, of which he thought favorably, was the presentation of favorite prescriptions by its different members.

The delegates to the Medical department of the University of Vermont, reported their attendance

at the examination of the Graduating Class, their cordial reception by the Faculty, and participation in the examination.

The delegates to the American Medical Association at Baltimore, reported a very interesting and profitable meeting. Dr. Holton gave a brief *resumé* of its proceedings, correcting the erroneous impression made by the apparent adoption of Dr. Marsden's views of Quarantine by the Association.

The Committee on admission of members reported favorably, and the following individuals were duly elected members of the Society, viz., Drs. S. T. Brooks, St. Johnsbury; C. C. Smith, East Berkshire; J. H. Steele, Middlebury; S. F. Burdick and J. P. Kent, Winooski; D. G. Kemp, Montpelier; Laban Tucker, West Hartford; E. H. Pettengill, Saxton's River; and F. H. Goodall, Greensboro.

DR. L. C. BUTLER, from the Committee to whom was referred the subject of the Registration Law of the State, and amendments proposed thereto at the last annual meeting, recommended the proposal for adoption by the Legislature, of amendments to the law making the Physicians of the State the Registrars of deaths and births.

The report was unanimously adopted, and a Committee consisting of Drs. Nichols, Secretary of State, Porter, of the Senate, and Welch, of the House of Representatives, was appointed to prepare a bill for presentation to the Legislature now in session, embodying such amendments to the law as are deemed desirable, and urge its passage.

The President was invited to deliver the annual address at 6½, P. M., this day.

A communication was read from the Secretary of State, accompanying the Registration Reports of the State for 1862-3-4;—a copy for each member of the Society.

DR. A. C. WELCH introduced the subject of certain statements of mismanagement and cruelty, in the Insane Asylum of the State, made to the Legislature now in session, and the election of an individual as Commissioner of the Insane, by that body, who does not belong to the profession. The matter gave rise to considerable discussion, in which Dr. E. D. WARNER, ex-Commissioner of the Insane, and others who were conversant with the management of that institution, participated, repelling, as unfounded, all insinuations of cruelty, or improper management, made against it.

On motion of Dr. E. N. S. MORGAN, the subject was referred to a Committee of three, consisting of Drs. Butler, Fassett, and Fairchild, with instructions to report to the Society at its present session, by resolutions or otherwise, as they may deem advisable.

At a subsequent stage of the session, Dr. BUTLER, from that Committee, reported the following preamble and resolutions, which were unanimously adopted by the Society, and a copy directed to be furnished to the several papers in the State, with a request for publication, and also to Dr. Rockwell, the Superintendent of the Asylum:

Whereas, it has come to the knowledge of this Society that pending the election of a Commissioner of the Insane by the Legislature now in

session, remarks were made by some members reflecting with severity upon the Vermont Asylum for the Insane, implying charges of cruel neglect, and improper management of its patients, therefore,

Resolved, That it is the opinion, and belief of this Society, that all such charges, or representations, are without foundation in fact; calculated to impair the confidence of the community in an Institution which, after thorough investigation by well qualified persons, we believe to be well managed for the best interests of those under its care—an institution of which our State may be justly proud, as affording advantages for the comfort and cure of this unfortunate class of persons at least equal to those of any similar institution in our country.

Resolved, That as a Society we believe, and respectfully say, that in our opinion the duties of Commissioner of the Insane—to watch over the interests of a great hospital—its sanitary, dietetic, and medical management—to investigate that most intricate and difficult of all diseases, and to protect the unfortunate sufferers from improper treatment of every kind, can be most properly and efficiently performed by an experienced and judicious medical man; and we respectfully protest against the late action of the Legislature in electing an individual to that office who is outside of the Medical profession.

During the afternoon session, Dr. J. N. STILES read a paper on the *Treatment of Small-pox*, in which he spoke favorably of the use of *saracena purpurea* in cutting short its course. Dr. STILES also presented specimens of the root and leaves of the plant.

DR. MILLETT, of Mass., had used the *saracena* in one instance, and found the eruption speedily subsiding and abating. In other instances it had failed. It had been thoroughly tried in several cases on Rainsford Island, by Dr. Underwood, but without success.

DR. C. A. SPERRY reported a case of *Imperforate hymen* in a girl of 13 years. On making an incision, nearly a quart of black, tarry, semi-fluid substance was expelled with considerable force. For nearly a year previous she had had periodical monthly pains.

DR. R. H. PHELPS detailed an interesting case of *wound of the knee-joint*, in which a vigorous young man of nineteen, of sound constitution, stumbled upon a scythe, severing the inferior edge of the patella from its connections, cutting off a piece of bone three-fourths of an inch long by one-eighth wide, together with considerable cartilage, from the inner condyle of the femur, and about one-half the same amount from the external condyle of the tibia, dividing the muscles and ligaments into and through the joint, exposing the whole knee-joint, and making a wound which measured over four inches on the surface.

Under the application of proper dressings, the double inclined plane-splint, rest in the recumbent position, the use of aconite to control the inflammatory symptoms, and subsequently passive motion of the joint, at the end of two months there was "but slight enlargement of the joint,

and no tenderness on pressure at any point." He can flex and extend that limb nearly as well as the left, and can walk comfortably without crutches.

Written reports on the epidemics of Caledonia and Washington counties were presented by Drs. HYDE, of Hardwick, and PUTNAM, of Montpelier, the former alluding in an especial manner to diphtheria and dysentery, and the latter to typhus and typhoid fevers. No other reports were presented.

Dr. S. W. THAYER remarked the non-prevalence of dysentery in his particular locality, but had seen many cases outside of it. He used mercurial preparations in its treatment, in this way, R., sugar of milk, ʒj., hyd. cum cret., ʒss., ipecac., ʒss. Divide into thirty powders, one to be taken every two or four hours, according to urgency of symptoms. For the tenesmus he uses and strongly recommends the chlorate of potash injection, as follows: R., mucilage gum Arabic, ʒij., chlorate potash. ʒj., inf. opii., gtt. xl. Mix for a single injection.

On motion of Dr. UPHAM, a Committee on Nomination of Officers for the year ensuing, was appointed, as follows, one for each county represented: Drs. O. F. Fassett, J. N. Stiles, E. F. Upham, G. B. Bullard, C. B. Chandler, S. R. Corry, Salmon Brush, J. H. Richardson, E. D. Warner, E. H. Pettengill, Abram Harding, E. N. S. Morgan.

During the evening session, the Society listened to an able and interesting address on the History and Progress of Medicine, from the President.

On motion of Dr. HOLTON, the Society tendered the President an unanimous vote of thanks for his address, and ordered its reference to the Committee on Publication.

The Treasurer reported the financial condition of the Society.

On motion of Dr. FASSETT, the Secretary was constituted a committee to confer with the publishers of the *Vermont Register* and *Vermont Directory*, with a view to procure, through their publications, a more complete and correct directory of the regular physicians of the State.

Adjourned on Thursday, 9, A. M.

The Society convened on Thursday, at 9 o'clock, A. M., agreeably to adjournment.

The President in the chair.

The credentials of Drs. John H. Moores, E. W. Howard, and Wm. P. Seymour, as delegates from the New York State Medical Society, were presented to the Society. They were cordially welcomed by the President, and invited to participate in the deliberations.

Dr. HOLTON, of Putney, read brief biographical sketches of Drs. L. E. Simons, of Saxton's River, and John Campbell, of Putney.

Dr. FASSETT, of St. Albans, read an elaborate sketch of the life, character, and eminent services of Dr. H. F. Stevens, of St. Albans.

Dr. CRANDALL, of Burlington, read a biographical memoir of Dr. S. P. Danforth, of Royalton.

The Committee on Nomination of Officers and Delegates for the ensuing year, reported as fol-

lows, and the individuals named were duly elected:

President—E. D. WARNER, of New Haven.

Vice-President—E. D. HOLTON, of Putney.

Secretary—L. C. BUTLER, of Essex.

Treasurer and Librarian—CHAS. CLARK, of Montpelier.

Corresponding Secretary—C. B. CHANDLER, of Montpelier.

Executive Committee—O. F. Fassett, C. P. Frost, C. L. Allen.

Committee on Printing—L. C. Butler, J. S. Richmond, A. C. Welch.

Delegates to Medical Department Vermont University—S. Keith and J. N. Stiles.

Committee to Assist Secretary of State in Compiling Registration Reports—O. F. Fassett and L. C. Butler.

Delegates to New Hampshire Medical Society—A. J. Hyde, E. H. Pettengill.

To New York State Medical Society—E. N. S. Morgan, H. D. Holton.

To Rhode Island Medical Society—S. Putnam, Laban Tucker.

To Maine Medical Society—C. S. Cahoon, S. T. Brooks.

To Connecticut Medical Society—C. P. Frost, C. H. Tenney, A. T. Woodward.

To Massachusetts Medical Society—G. B. Bullard, E. F. Upham.

To Connecticut River Valley Medical Society—G. Van Deusen, N. W. Braley.

To American Medical Association—J. H. Hamilton, Kimball Russ, E. F. Upham, L. F. Parker, T. S. Cushman, R. B. Skinner, S. Putnam, E. P. Fairman, E. D. Warner, A. T. Woodward, H. D. Holton, Abram Harding, S. W. Thayer.

Committee on Epidemics—J. C. Cranton, W. M. Huntington, T. G. Simpson, C. S. Cahoon, C. G. Adams, S. R. Corcy, E. N. S. Morgan, Joseph Perkins, — Eddy, C. M. Rublee, J. B. Morgan, W. H. Ellis, A. H. W. Jackson, A. M. Plant.

Board of Councillors—W. R. Hutchinson, J. N. Stiles, N. W. Braley, G. B. Bullard, C. G. Adams, L. W. Adgate, C. B. Chandler, S. Brush, M. O. Porter, E. N. S. Morgan, A. T. Woodward, Abram Harding, J. A. Richardson, and H. D. Holton, being one for each county.

Dr. M. O. PORTER read an interesting case of ovarian disease occurring in his practice, in which the operation of ovariectomy was successfully performed.

Dr. A. M. PLANT read a paper on *The Old and the New in Medicine*, in which he contrasted the dogmas and practice of former times quite unfavorably with the present, both in regard to utility and success.

The semi-annual session of the Society was appointed to be held at the city of Burlington, on the 28th and 29th of June, 1867.

The meeting was largely attended, and the exercises were very interesting and profitable throughout. The papers read were of a high professional character, and reflect great credit upon their authors and the Society.

EDITORIAL DEPARTMENT.

Periscope.

Common Salt for Wounds.

A French writer speaks in terms of the highest commendation of chloride of sodium in the treatment of wounds and ulcers. The first effect on a fetid wound, he says, is to destroy the odor immediately. Another immediate phenomenon observed is the pinkish hue which it gives the decomposed sanguineous blackish liquid which covers the wound. At the same time there is felt a sensation of cold and pricking, which may even become slightly painful. The suppuration diminishes rapidly, and if the matter be sanious, it becomes healthy in a few days. The wound granulates and cicatrizes rapidly, and the change in it has a happy effect on the system, the appetite improving, and the strength returning. Four hundred cases of wounds thus treated are reported. There was neither erysipelas, nor tetanus, nor hospital gangrene in any one, though the hygienic condition of the hospital was bad. In only one case was there pyemia. The solution first applied was in the proportion of 3i. to a pint of water. After using this a few days, a concentrated solution was employed. In fistulous cases, the solution was injected into the sinuses.—*Pacific Med. and Surg. Journal*.

Tracheotomy in Croup.

At a meeting of the "Société Médicale des Hôpitaux," of Paris, the proceedings of which are given in the *Gazette Hebdomadaire*, M. BARTHEZ reported forty-four cases of croup in the first six months of the year in St. Eugénie hospital. Of this number, forty were operated on; eighteen were cured, and twenty-two died. Of the other four, two were cured without operation, and two died. M. BARTHEZ had never before met with an equal proportion of cures in his wards. M. ROGER reported four cases in the hospital for infants, all operated on, and one of the four cured. We notice that no distinction is made in these reports between croup and diphtheria, the terms being used as synonyms.—*Pacific Med. and Surg. Journal*.

Nature of the Heart's Contraction.

M. MAREY has been studying the action of the muscles of the heart in comparison with that of the ordinary muscles, and has communicated the results of his researches to the French Academy. The contraction of the muscular fibres of the heart, like those of the bands of non-striated muscle, are continuous, and not vibratory like those of the ordinary muscles. In order to establish a relation between the phenomena of contraction in the two sorts of muscular tissue, M. MAREY says that a ventricular systole, however slow, corresponds to a single muscular contraction, and that thus a systole holds the same relation to a contraction that a muscular vibration (with ordinary muscles) does to the peculiar sound or musical note it produces.—*Lancet*.

Fluid Extract of Buchu.

A writer in the *Richmond Medical Journal* asserts that the virtues of the plant are not extracted by the alcohol used in preparing the fluid extract. This accords with our experience of the action of the preparation. We have been so often disappointed with the fluid extracts, both of buchu and uva ursi, that we are in the practice of substituting altogether a decoction of the leaves.—*Pacific Med. and Surg. Journal*.

Citrate of Soda in Diabetes.

M. GUYOT-DANEY, basing his practice upon the theory that diabetes arises from imperfect combustion of the glucose of the blood, proposes to employ citrate of soda in order to supply the alkaline carbonate which is necessary to the progressive chemical change of the glucose. He substitutes the citrate for the carbonate, because, he says, it does not affect the function of digestion. He administers the salt in doses of from four to eight grammes. His analyses, he alleges, demonstrate that sugar disappears from the urine after the administration of the citrate. Citrate of soda may be mixed with food instead of salt, and with it the use of ordinary bread and starchy matters ceases to be objectionable.—*Lancet*.

Reviews and Book Notices.

Some Effects of the Climate of Italy. By THOMAS KING CHAMBERS, M. D., Fellow of the Royal College of Physicians; Honorary Physician to H. R. H. the Prince of Wales, etc., etc. London: JOHN CHURCHILL & SONS. 1865. 12mo. Pp. 95.

Dr. CHAMBERS is one of the men of genius of our profession. Quick of observation, comprehensive in thought, and eloquent in expression, he has seized better than almost any other, and conveyed in language, the leading therapeutic idea of our time; that of conservative and restorative medicine; of the economy and "renewal of life." Such a man deserves a holiday. We must lament that it should be made necessary by his own broken health. After the amputation of a thigh, months of debility obliged him at last to seek recuperation in a change of climate. Still he could not desert his vocation, as a physician and medical philosopher. This interesting and instructive volume is the fruit of inquiries entered into while travelling as an invalid.

"Broken health" is very well described by him, as something often needing to be recognized before any marked local disorder appears. The development of one or more local affections, he regards as the *second stage* of what is essentially loss of general vital power.

Seeking to ascertain the best conditions for restoration of this, Dr. CHAMBERS found them for himself in Italy; and made an analysis of them

for the advantage of other valetudinarians. All such, and, for them, every physician, will do well to read his book. We can merely show its interest by alluding to one or two points.

Italian diseases are much more often acute than chronic; those of England, the reverse. This is proved by our author from statistics. These are worth pondering; and the inquiry might be extended elsewhere, even to our own land. From this it follows, that, in well selected localities in the Italian climate, those suffering from chronic affections may, if able to travel, gain much.

Reggio; Southern Calabria and Sicily; the Gulf of Spezia; Nervi near Genoa; Ischia, Capri, Sorrento, Palermo, and Corsica, are especially recommended. Rome and Pisa are not; nor even Naples at all seasons, nor Genoa, Milan, nor Florence, for permanent residence.

The curious fact is stated, that while English physicians are always prescribing alkalies, Italians find the large majority of their patients better for acids! Dr. CHAMBERS asserts, also, that in that climate "the nervous system is much more awake to the effects of alcohol; so that instinctively less quantities are taken to produce the required effects. There are south of the Alps very few, if any, water drinkers; but there are also very few indeed who indulge in strong drink. One does not 'feel to want it.'"

We might linger long, with pleasure, over this book. It is one of the most agreeable, and far from among the least useful, results of medical authorship of its time.

Observations Upon the Cranial Forms of the American Aborigines; Based upon Specimens contained in the Collection of the Academy of Sciences of Philadelphia. By J. AITKEN MEIGS, M. D., Fellow of the College of Physicians; Corresponding Member of the American Ethnological Society; Foreign Associate Member of the Société d'Anthropologie de Paris; Honorary Fellow of the Ethnological and Anthropological Societies of London, etc. Philadelphia, 1866. Pamphlet; pp. 39.

Ethnology has been comparatively quiet in this country, as to publications at least, since the issue of those stupendous pieces of pretension and sophistry, (which, but for some respectable names lent to them, we should call scientific *quackery*), the Types of Man, and Indigenous Races of the Earth. Very few men in the United States, since the death of the lamented Dr. S. G. MORTON, call themselves Ethnologists. Among those few, probably the most able and industrious is the author of the pamphlet before us.

Dr. MEIGS has especially studied, with great

and intelligent labor, the diversities of *cranial* formation among human races. In this essay he gives a full statement of the results of his investigation of the crania representing the "aboriginal" population of North and South America.

Dr. MORTON, with twenty-one years of direct and familiar study of the subject, asserted emphatically the correctness of the opinion of MALTE BRUN, LINNÆUS, BUFFON, HUNTER, BLUMENBACH, LAWRENCE, as well as of BARTON, DU PONCEAU, and GALLATIN, that, whatever their varieties, all inhabitants of America, before its historical entrance by Europeans, were essentially *one race*. D'ORBIGNY, on the other hand, considered Peruvians, Patagonians and Guaranis, more different from each other than Greeks, Ethiopians, and Mongolians. HUMBOLDT, also, (though a full believer in the unity of origin of *all* races of mankind,) estimated highly the differences he met with in America. PRICHARD, who has best of all, in his great work, demonstrated the unity of man, remarks upon the same facts. Besides others of less authority on this subject, Dr. WILSON, of Canada, and RETZIUS, of Stockholm, very positively deny MORTON's dictum.

Dr. MEIGS, by his elaborate comparison of 575 skulls, with all that is known of their history, has been brought to the same conclusion; that every variety of cranial conformation is to be found among the different tribes of North, South and Central America. He divides them into three groups, the Dolichocephalic (long-headed), Brachycephalic (short-headed), and Mesocephalic or intermediate; the dolichocephalic being again divisible into six sub-types, the brachycephalic, and mesocephalic, each into two. Moreover, he finds among American heads representatives of all the various types or forms of European, Asiatic and African crania.

With all his study of the subject, Dr. MEIGS carefully avoids committing himself upon the question, decided amply in the judgment of ALEXANDER HUMBOLDT upon naturalistic, and WILLIAM HUMBOLDT, (no less an authority,) upon archæological and linguistic evidence, as to the Unity of the Human Species. We had supposed that if DARWIN had contributed nothing else to philosophy and science, he had afforded the means of dissipating NOTT-and-GLIDDON-ism, into *smoke*.

It is, however, of interest to observe, that our author has, in this, as in his other writings upon craniology, contributed proof of importance bearing upon the main question. He has proved, most abundantly, that *no classification or ethnic separation of human races upon a craniological basis is at all possible*. And this is a great deal.

Medical and Surgical Reporter.

S. W. BUTLER, M.D., *Editor and Proprietor.*

PHILADELPHIA, NOVEMBER 10, 1866.

VITAL STATISTICS of MASSACHUSETTS.

The Registration Report of Massachusetts for 1864, presents some very startling facts in regard to the increase of population in that State. We can do little more now than present the facts as contained in the abstract furnished us by Dr. ALLEN, of Lowell.

The increase of population is effected in two ways, viz., 1st, by the *births exceeding the deaths*; and 2d, by *immigration*. In spite of the constant drain on the population of Massachusetts by emigration, the census shows a gradual increase of the population of the State. But this increase is chiefly derived from immigration from foreign countries, and by births among these immigrants, rather than among the native population. In 1830, the census returned less than 10,000 inhabitants of a foreign origin. In 1860, the number of births reported was 35,445; more than one-half of which were foreign. Up to this time the majority of births had always been American, but at this period the scale turned. A population of 260,114 foreigners could have more children than 970,052 Americans—almost four times as many, in proportion to the same number of inhabitants. Since 1860, the proportion of foreign births has gained on the Americans, till in 1864, they amount to almost one thousand majority.

If now the mortality record be compared with the number of births, it will test the increase of population from this source. The Report of 1864 gives 28,723 deaths, and 30,449 births—an increase of only 1726 as a whole. But the same Report returns the deaths as follows: American 24,021, Foreign 4207. and not stated 485. The parentage of births is reported thus: American, 13,453; Foreign, 14,266; American father and Foreign mother, 1030; Foreign father and American mother, 1209; and 494 not stated. It will be seen at once by these figures, that the number of deaths with the Americans, for 1864, exceeds that of the births over 9000! But this is not all; only about one-half those born that year ever reached the adult age, which will add some 6000 more, making a decrease in one year of over 15,000 persons reaching adult life—commencing in 1864. It may be said that the war made this difference—that on the one hand, the death of many men by the war, and the absence of others served to diminish the births, while on the other hand, many came home to die, thereby increasing the mortality. Admitting the force of these facts, it does not explain fully this difference. The number of American births had been diminishing for a long series of years before the war, and for several years prior to 1861, the number of American deaths exceeded that of the births.

On examining the old town and parish records, which have been carefully kept for over two hundred years, more light is thrown upon this subject. The exact figures are given from the records of an inland town of the State, which has been occupied by six generations. The first generation had on an average to each family, 9.50 ($9\frac{1}{2}$) children; the second, 7.31; the third, 7.69; the fourth, 7.25; the fifth, 4.90; and the sixth, 2.84. The last generation brings the history down to the present time. In all the towns examined, the first settlers had on an average to each family, from eight to ten children, which diminished slowly with the earlier generations, till we reach the last two generations, when the number drops off more rapidly. It is surprising how many and what large families were once found in those old towns. In one small town, settled in 1665, may be found on its records these facts: There are recorded the names of twenty-six families having 10 children each; twenty families having 11 each; twenty-four having 12 each; thirteen families having 13 each; five families having 14 each; one family having 15; and one having 21. There were ninety families having 1043 children. Nothing like this, not even an approximation to it can now be found in any town of the commonwealth. It is very rare that an American family can now be found anywhere, having ten children; but here were ninety families each having that number and upward. And nearly all children born in those early times grew up to adult age, whereas now only about one-half reach that age.

Again, an examination of these town records shows that, for several generations after the first settlement, the number of families having only two, three, or four children, was comparatively small, and there was scarcely a family then to be found which had no children. The situation of such a family was regarded, in those times, as a calamity. But, in all the cases where the average number of children to each family has been obtained from town records, it is found that the present generation upon the stage will average to each family only about three children. In some few places the average number of children was four, and occasionally a fraction higher, but there were far more places where the average was less than three. This same general fact is confirmed from personal knowledge, and numerous inquiries in a large number of places, made with reference to this very object. Let any one, having an extensive acquaintance in rural or city districts in the State, make a careful investigation upon this subject, and he will be surprised at the result, especially at the large number of married people having no children, and others having only one or two.

The same results are shown by an examination of the numerous histories of families that have been published of late years. The earlier families had a large number of children, while the later averaged but three or four to each.

Again: Boston reports, for 1865, 5275 births; 3575 foreign, 1641 American, and 60 not stated.

Deaths, 4651; foreign, 1398, and American, 3143. Here the whole number of births exceed the deaths by only 734. But the deaths of Americans exceed the births by 1502; and, if only three-fifths of the American-born reach adult life, that makes the loss still greater. That is a loss, in one year, of over two thousand persons, by death, to the natural increase in population. The census of Boston, in 1865, reports the American population at 126,304, and the foreign 66,020. The former class, 126,304, have 1641 children, while the latter, 66,020, have 3575—that is, one-third foreign have more than twice as many children as two-thirds American, equal to six times as many children for the same population. Lowell reports present similar statistics. There were, in 1865, 100 more deaths than births among the Americans, and the foreign population was found to have more than four times as many children for the same inhabitants. From careful examination, the Irish are found, generally, to have, on an average, about three times as many children as the Americans. In many of the country towns, where the population is entirely, or mostly, made up of Americans, the number of deaths exceeds that of the births.

There is still another mode of viewing this subject, by way of comparison. There is what is called a birth-rate in every community, or nation—that is, one birth every year to so many inhabitants. The following table presents what has been found, for many years, the birth-rate in

Saxony,		25.98
Prussia,		26.50
Austria,		26.18
Sardinia,		27.82
Norway,		31.64
Denmark,		32.28
Hanover,		32.66
Sweden,		32.39
Bavaria,		20.22
Netherlands,		30.00
England,		30.06
Belgium,		34.35
France,		37.16

In Massachusetts the birth-rate has ranged, for many years, from 34.00 to 40.00. If the American population is separated from the foreign, this birth-rate will not make so respectable an appearance. In 1864 this birth-rate, with the native Americans, was only one to 66 persons, and for several years previous, it falls but little less than that number. For any community or nation to be in a prosperous and growing state, the birth-rate should be 1 to 30; once Massachusetts came up to this standard, but now it has fallen less than half that. This downward course commenced long before the war broke out, and it is apprehended that the return of peace will not much amend the matter. Neither was there any unusual mortality in 1864, or any previous year. It must be obvious, from the facts already presented, that there is operating, to produce this degeneracy, an agency more effective and permanent than war, or any temporary disease. If this gigantic evil is ever to be remedied, the

causes must be understood. If the deaths exceed the births every year—if all married families average only between two and three children each, and these diminish in each successive generation—if only three or four-fifths, even, of these live to reach adult life; if moreover, large numbers shall see fit to live a single life (and that number relatively increasing every year), it is plainly evident that the native American stock, in the “Old Bay State,” will rapidly diminish, and comparatively, at no very distant day, *must run out*.

The following are the causes given by Dr. ALLEN to account for such disastrous results:

1st. *The physical degeneracy of females*; and, 2d, the settled determination among a large portion of them in married life *to have no children, or a very limited number*. The first cause has been accumulating about half a century, but the second is of modern origin. Both causes result from the positive violations of the great laws of life and health, as well as the express teachings of Revelation. How sad and humiliating such an acknowledgment! No language can adequately portray the terrible effects which have already resulted from these violations of law, and no imagination can fully comprehend the nature, or extent of the disastrous consequences which are yet to follow in the same train. Where in the whole range of politics, education, philosophy and religion, is there a theme which, in the magnitude of its bearings, can present stronger claims for exposure, for discussion and reform,—with particular reference to New England,—than this very subject?

This is a subject which it is very proper to discuss in the pages of a medical journal, and we invite the attention of our readers to it. If the statements given above present—as they appear to—a true state of the case, it is incumbent on our profession, above all others, to throw themselves into the breach, and, if possible, stay this steady degeneration of a race to which we have been accustomed to suppose the world was looking as a means for the moral and political regeneration of mankind. The vital statistics of Massachusetts are but a reflex of those of all the older States of the Union, with the probability that some of them would present even a worse record than hers.

—SWINGING AS A REMEDY.—BROWN-SÉQUARD recommends the use of the swing as a preventive of nervous paroxysms which recur periodically. In certain cases of hysteria and epilepsy, he has prevented the paroxysm by engaging his patient in violent swinging at the first indication of the accession of the fit. The *modus operandi* is easily explained.

—A “HOME FOR INCURABLES” has been established in Westchester county, New York, under the patronage of the Protestant Episcopal Church of the metropolis.

Notes and Comments.

New York County Medical Society.

The Sixty-first Anniversary of the New York County Medical Society will be held next Monday, the 12th inst. This Society, which, for several years, seemed to be nearly extinct, has, we are glad to observe, become one of the most efficient medical organizations in the City of New York. We hope to be present at the opening exercises, and trust, during the winter, to be able to record many good things said and done by it at its regular sessions.

Exsection of the Knee-Joint.

Dr. SAMUEL H. TEWKSBURY, of Portland, Me., has lately performed the operation of exsection of the knee-joint, for the fifth time. The patient, Mr. SWETT, of Falmouth, had, for several years, suffered from an ulcerative disease of the knee-joint, the result of a fall from a tree. The result of the operation has been a perfect limb, with, of course, a stiff knee-joint, but with very little shortening—quite an improvement on the old operation of amputation. Will Dr. TEWKSBURY report his cases?

In Press.

Our PRICED CATALOGUE of Medical Books and Surgical Instruments, etc., is in press, and will be ready in a few days. It comprises the publications of all the medical book publishers in this country, that we have been able to obtain, giving, as far as we could, the name of the publisher, with the date of the issue of the book, and other facts of interest to the buyer. We have also included a few of the principal foreign medical works in the list.

As we expect to issue frequent editions of the Catalogue, we shall aim in each successive edition to perfect it, and will be obliged for any suggestions that may be submitted to us for that object.

The price of the Catalogue is *twenty-five cents*.

Medical Works in Press.

LINDSAY & BLAKISTON have the following works in press:

Reynolds on the Diseases of the Nervous System, from the 2d London edition.

Beale on Urine, 3d edition, enlarged.

Beale's Microscope in Practical Medicine, 3d edition.

Headland on the Action of Medicines, from the 4th London edition.

Richardson on Local Anæsthesia.

Tanner's Index of Diseases and their Treatment.

Trousseau's Clinical Medicine.

Zander on the Ophthalmoscope.

Correspondence.

DOMESTIC.

Cancer of the Liver.

EDITOR MEDICAL AND SURGICAL REPORTER:

Gideon Donblaser, a farmer, 48 years of age, was taken ill May 20th, 1866, with a severe cramp in the stomach. His habits had always been temperate, and his health good, with the exception of occasional violent palpitation and constant constipation for the last two years.

Examination of the epigastric region revealed a large tumor or swelling, extending from the right into the left hypochondriac region, and almost to the umbilicus. The tumor felt hard, and there was no tenderness, except in a small circumscribed place in the left hypochondriac region, which was soon removed by a small blister.

June 20th. Tumor somewhat larger, and can be pressed freely without causing pain. Bowels do not move without a purge; appetite poor, and pain in stomach after eating; much eructation: tongue clean, no jaundice, pulse natural, no pain in tumor, but in *left iliac region*.

July 20th. Liver increasing in size on the right side, emaciation obvious, slight swelling of ankles, patient still moving about, but pain in the left iliac region very severe.

Aug. 20th. Emaciation going on rapidly, liver extending to umbilicus, slight jaundice, tongue coated dark-brown.

Sept. 1st. Patient confined to bed, greatly reduced; and metastasis of pain, from left iliac region to præcordiac region, in a very severe form, and also felt in *right iliac*; jaundice the same.

3d. Suffers intensely from sharp shooting pains through the left side of the chest and shoulder, which the largest doses of opiates failed to relieve. I administered chloroform to its full effect, after which the pains were milder.

6th. Right limb swollen very much, and intense pains in it; pulse 100, liver extending within two inches of the right anterior superior spinous process of the ilium. Administered chloroform by inhalation to its full effect, after which the pains ceased, but continued chloroform by the mouth, ten drops every four hours, apparently with good effect.

20th. Left limb swollen and painful. Right limb less swollen and easy. Tongue coated brown, pulse 120, and has "coffee-ground vomit."

24th. Died at 2, P. M.

Autopsy. Thirty-six hours after death, the body was examined in presence of Drs. SAMUEL and WILLIAM ADAMS, and J. HUSTON.

Found adhesion between the liver and peritoneum on the left side, corresponding to the part that was tender at the commencement of the illness. The liver was greatly enlarged, and found to weigh nine and a half pounds. It was cancerous throughout, and contained a solanoid tumor on the right lobe, four inches each way. Gall-bladder and larger ducts not obstructed, and hence so little jaundice. The lower lobe of the right lung had some traces of cancerous deposit, and the upper lobe adhered to the pleura, which we attributed to an attack of pneumonia eight years ago. Heart healthy; kidneys and spleen also sound. No other disease worthy of note was found in the body.

Remarks. Although this seems to have been a plain and marked case of cancer, with our present ability to diagnose diseases, yet dissident opinions were held by physicians. Three weeks after my first visit to the patient, I made known my diagnosis—cancer of the liver.

Two weeks after this, my excellent friend, an experienced physician, Dr. E. GREEN of Bellefonte, and also, Dr. SAMUEL ADAMS of Lock Haven, a physician of many years practice, were called in consultation. Both concurred in my diagnosis. This alarmed the friends very much as to the recovery of the patient, and other physicians (?) were called. Our diagnosis was called in question, sneered at, and utterly condemned. One doctor proposed to cure, and make all well in six weeks time.

Another strong in faith but weak in mind and medicine, would remove the "scrofula" with sugar pills in a very short time.

Thus, the friends were flattered—the patient deceived, sank and died.

A post mortem must decide, and convince who was in the right, and so it did.

Quackery was put to shame, and our diagnosis made good as we held from beginning to end.

How important and decisive autopsies are. Had this patient been buried without examination of the body after death, our diagnosis, which was proved to be correct, would have forever been doubted, and the opinion of the quacks accepted.

J. K. HOLLOWAY, M. D.

Nittany Hall, Pa., October 15th, 1866.

Internal Use of Chloroform in Delirium Tremens.

EDITOR MEDICAL AND SURGICAL REPORTER:

September the 20th. Was called in consultation with Dr. KIRCHNER, of this town, to see Mr. H., suffering from delirium tremens. The Doctor stated that he had been in attendance for two

hundred and sixteen hours; had given brandy, opium, morphia, tartar emetic, camphor, inhalations of chloroform, but all without effect, and stated his inability to procure sleep.

I ordered chloroform internally, as recommended by Dr. McCLELLAN, in an August number of the REPORTER. After the second drachm was taken he went into sound sleep, lasting for fifteen hours, much to the satisfaction of his distressed wife, who had watched his dilated pupil for nine days and nights.

JAMES HEALY, M. D.

Idaho City, Idaho Territory, Oct. 8, 1866.

News and Miscellany.

Vis Medicatrix versus "Drugs."

The marvellous discovery has latterly been made, by some English physicians, particularly, that nature has great curative power in disease, and that many serious ailments will pass away without "drugs." Cases are adduced in evidence, of pneumonitis and heart affections disappearing under the curative influence of nature. Whilst charlatans make a point of "drugs" and "drugging," as against the regular treatment, certain regular practitioners take up the outcry, and vociferate against what they choose to designate reproachfully as "drugs," thus fomenting the vulgar prejudice which is levelled against the profession. No one doubts that nature is competent to the cure of many disorders, acute and chronic. But is it a logical inference that active treatment should not be employed in any such cases? Is there any special advantage in being cured without medicine? May not the action of "drugs" co-operate with the efforts of nature? Is not the cure more speedily effected by this course? A splinter in the skin will be thrown off by suppuration; but is that an argument for refusing to extract it at once? Nature will open an abscess, if you give her time; but will you therefore refuse to expedite the cure by the scalpel or lancet? A child, having eaten some unwholesome food, is seized with convulsions. Let it alone, and in all probability the convulsion will pass off, and the offensive matter will be discharged from the bowels without interference. But does this result prove that a cathartic would not have done good? We are getting sick of the incessant twaddle about "drugs" and "nature." It savors too much of quackery. We believe there are very few conditions of disease in which the healing powers cannot be aided by judicious treatment, and the cure expedited. We believe further, that the wear and tear of disease is often much more injurious than the operation of active medicines—"drugs," if you please—by which its course may be shortened; and we believe that physicians in general are not so much in the habit of routine "drugging," with the design of expelling disease by violence, as one would infer from the writings of certain prominent teachers of the modern semi-expectant school.—*Pacific Med. and Surg. Jour.*

— ARTHUR KAVANAGH, Esq., who is but the head and trunk of a man, having been born without arms or legs, has announced himself as a candidate for the British Parliament. He has but two little stumps where the arms should be, and the same as regards the lower limbs. If elected, he should be borne into the House in men's arms, or in a machine of some sort, and taken to and fro at each division! He is a highly educated man, and the possessor of a large property, and is, moreover, a famous sportsman. Strapped into a sort of bowl on his horse's back, he rides like a very fiend after the hounds. He is also a great yachtsman, and a couple of years ago he published a handsome volume, giving an account of his voyage to Albania in his vessel, the *Eva*, so called after the wife of the Anglo-Norman chief, Strongbow, the daughter of Dermot MacMurrough, King of Leister, from whom this Mr. KAVANAGH is lineally descended. This King Dermot has an evil notoriety in Irish history, as it was he who first invited and brought over the English to this country. He sought their aid to enable him to resist the forces brought against him by Roderic O'Connor, King of Ireland, and the Prince of Brefny, whose wife had either eloped with Dermot, or fled to his protection from her husband. It was on this incident that MOORE founded his song of "The valley lay smiling before me," in which occurs the well-known lines—

"On our side is virtue and Erin,
On theirs is the Saxon and guilt."

Mr. KAVANAGH has in his possession a valuable portion of the estates of his ancestors, in Carlow and Wexford.

The Body of Jeremy Bentham.

The *London Notes and Queries* contains a letter from the late Dr. SOUTHWOOD SMITH, in relation to the disposal of the body of JEREMY BENTHAM. The letter is dated June 14th 1857, and says: "JEREMY BENTHAM left by will his body to me for dissection. I was also to deliver a public lecture over his body to medical students and the public generally. The latter was done at the Webb Street School—BROUGHAM, JAMES MILL, GROTE and many other disciples of BENTHAM being present. After the usual anatomical demonstrations over the body, a skeleton was made of the bones. I endeavored to preserve the head untouched, merely drawing away the fluids by placing it under an air pump over sulphuric acid. By this means the head was rendered as hard as the skulls of the New Zealanders, but all expression was gone, of course. Seeing this would not do for exhibition, I had a model made in wax by a distinguished French artist, taken from David's bust, Pickersgill's picture and my own ring. The artist succeeded in producing one of the most admirable likenesses ever seen. I then had the skeleton stuffed out to fit Bentham's own clothes, and this wax likeness fitted to the trunk. This figure was placed seated on the chair on which he usually sat, and one hand holding the walking stick which was his constant companion when he went out, called by him Dapple. The whole was enclosed in a mahogany case, with folding glass doors. When

I removed from Finsbury Square I had no room large enough to hold the case; I therefore gave it to University College, where it now is.

— CHLOROFORM IN MILK.—The *Richmond Medical Journal* says the best method of administering chloroform is in milk.

— It is announced that Miss KATE BATEMAN was recently married at New York to a young English surgeon. She has renounced the stage, on which she has been a distinguished actress.

MARRIED.

BROCK—ROGERS.—October 31st, at the residence of the bride's father, by the Rev. Samuel M. Studdiford, Henry D. Brock and Kate E., daughter of Dr. Richard R. Rogers, all of Trenton, New Jersey.

CRAIN—BROWNING.—Oct. 23d, at the residence of the bride's father, in Bloomington, Ind., by Rev. C. Nutt, D. D., Dr. John W. Crain, of Greencastle, and Miss Harriet, daughter of Hon. N. C. Browning.

HAYES—LYON.—October 25th, by the Rev. William Sterling, Mr. Thomas H. Hayes, of Philadelphia, and Miss Fannie P., daughter of Dr. Thomas Lyon, of Williamsport, Pa.

KOLLOCK—MITCHELL.—October 23, at the First Reformed Presbyterian Church, in this city, by the Rev. T. W. J. Wylie, assisted by the Rev. M. W. Rice, D. D., John M. Kollock, M. D., and Margaret J. W. Mitchell, youngest daughter of Archibald Mitchell, Esq., all of this city.

LEARY—REED.—In Adrian, Michigan, October 23d, by Prest. J. McEldowny, Dr. George Leary, and Miss Ellen M. Reed, daughter of Fitch Reed, Esq.

LYD—BROWNING.—In church, New Albany, Ind., October 23, by the Rev. Charles Hutchinson, Robert R. Lynd, M. D., of Cincinnati, and Miss Emily P., daughter of Dr. M. C. Browning, of New Albany.

MORRILL—BELL.—At the residence of the bride's parents, November 1, by the Rev. Mr. Sylvester, Julius A. Morrill, of New York city, and Sarah C., eldest daughter of Dr. Bell, of Feeding Hills, Mass.

SAWYER—GEORGE.—In Cincinnati, Ohio, October 18, Dr. B. Addison Sawyer, of Haverhill, Mass., and Miss Lizzie M., daughter of G. W. George, Esq., of Cincinnati.

SILLIMAN—BUCK.—In this city, on the 1st inst., by the Rev. Philip Brooks, Dr. Henry R. Silliman, U. S. A., and Catharine Elizabeth, daughter of Charles N. Buck, Esq., formerly of this city.

STEADMAN—BROWN.—In Portland, Me., October 24th, by Rev. E. C. Bolles, Dr. A. Steadman, of Dexter, and Clara A., daughter of S. B. Brown, Esq., of Portland.

WADSWORTH—HIGGINS.—November 1, by the Rev. Thomas Armistead, D. D., Dr. S. D. Wadsworth, and Mary E., eldest daughter of Geo. Higgins, Esq., all of New York.

WILSON—IRVINE.—October 23d, by the Rev. J. W. Love, Dr. William H. Wilson, of Williamsburg, Blair county, Pa., and Miss Martha Irvine, of Shaver's Creek, Huntingdon co., Pa.

DIED.

BAIRD.—In Cincinnati, October 26th, of cholera, Dr. David Baird, of Woodland Farm, Miami county, Ohio, in the 62d year of his age.

BARBER.—In Annisquam, Gloucester, Mass., Oct. 19, Joseph S. Barber, M. D., aged 63 years and 6 months.

BROWN.—In Cincinnati, October 25th, of cholera, Alice M., wife of Dr. Aaron M. Brown, and daughter of the late Hon. Thos. H. Whetstone.

CHURCHILL.—In Chelsea, Mass., October 28, Eliza Ann, wife of Dr. George W. Churchill, aged 41.

DEAN.—In Franklin, Mass., October 27, Mrs. Caroline F. Dean, wife of Dr. Oliver Dean, aged 76.

HIBBARD.—In New York, November 2, 1866, of typhoid fever, T. B. Hibbard, M. D., late of Yonkers, N. Y., in the 61st year of his age.

MATTHEWS.—On the 28th ult., at Stone Mountain, Gwinnett county, Georgia, in the 30th year of her age, Sarah M. Matthews, wife of Dr. Johnson Matthews, and daughter of the late John W. Tyson, of Reading, Pa.

NANCREDIE.—In this city, on the 30th ult., Emily G., daughter of Dr. S. J. G. Nancredie.

PARKIN.—In New York, November 2, Dr. John S. W. Parkin, in the 75th year of his age.

SMITH.—In Cincinnati, October 25th, suddenly, of cholera, Elizabeth J. Smith, the beloved wife of Dr. Hiram Smith, aged 47 years, 8 months, and 18 days.

OBITUARY.

Surgeon and Brevet Brigadier General
C. S. Tripler, U. S. A.

GENERAL ORDERS,
No. 89.

WAR DEPARTMENT,
ADJUTANT-GENERAL'S OFFICE,
Washington, Oct. 27, 1866.

The following notice of the decease of a distinguished officer of the Medical Department of the Army, by the Chief of his Department is published to the Army:—

"SURGEON GENERAL'S OFFICE,
"Washington, Oct. 23, 1866.

"To the Adjutant-General, U. S. Army:

"SIR—I have the honor to report the death, at Cincinnati, on the 20th instant, of Brevet Brigadier General C. S. TRIPLER, Surgeon, U. S. Army, Medical Director, Department of the Lakes

"Entering the Army as Assistant Surgeon, October, 1830, General TRIPLER served continuously for thirty six years, during which time he held, with credit to himself and advantage to the Government, positions of high trust and responsibility, taking part in the Seminole war, the war with Mexico, the occupation of California, and being the first Medical Director of the Army of the Potomac.

"His skilful administration and conscientious discharge of duty has been rewarded by three brevets for 'faithful and meritorious services.' The Medical Corps possesses, in his distinguished career, a bright example of the union of great professional attainments, with the military zeal and pride of an officer, and those qualities which mark the Christian gentleman.

"Very respectfully,
"Your obedient servant,
"J. K. BARNES,
"Surgeon-General."

By order of the Secretary of War:
E. D. TOWNSEND,
Assistant Adjutant-General.

ANSWERS TO CORRESPONDENTS.

Dr. J. B., Myerstown, Pa.—We would recommend FLINT'S Practice of Medicine. Price, cloth \$6; sheep \$7.

Dr. C. H. P., Hebron, Conn.—We can send you Barnes' Caoutchouc Dilators—price \$5 for the set.

Dr. J. W. H., Edgefield, S. C.—A set of Holt's Dilators, for the treatment of stricture of the urethra will cost \$18.

METEOROLOGY.

October,	22,	23,	24,	25,	26,	27,	28,
Wind.....	S. W.	W.	N. W.	N. W.	E.	W.	S. W.
Weather.....	Cl'dy.	Clear.	Clear.	Clear.	Cl'dy.	Clear.	Clear.
Depth Rain....	4-10						
<i>Thermometer.</i>							
Minimum.....	49°	47°	38°	36°	30°	38°	32°
At 8 A. M.....	64	58	46	45	39	51	47
At 12 M.....	71	64	52	51	52	55	57
At 3 P. M.....	72	64	53	52	53	55	55
Mean.....	64.	58.25	47.25	46.	43.50	49.75	47.75
<i>Barometer.</i>							
At 12 M.....	30.	30.	30.	30.3	30.3	30.3	30.2
Germantown, Pa.				B. J. LEEDOM.			

OUR PREPARED FLOUR OF BRAN,

For making Biscuit.

This article is, by careful manipulation, entirely freed from principles which render Wheaten Bread, and other Farinaceous preparations, inadmissible in Diabetic or Dyspeptic cases; and being finely floured, is not irritating to the mucous membranes of the stomach and bowels.

JOHN W. SHEDDEN,

Pharmaceutical,

363 Bowery, cor. Fourth St.,
NEW YORK.

For sale by the leading Druggists.

601 cow. 526

PHILADELPHIA

SUMMER SCHOOL

OF

MEDICINE.

No. 920 Chestnut Street, Philadelphia.

ROBERT BOLLING, M. D.

JAMES H. HUTCHINSON, M. D.

H. LENOX HODGE, M. D.

EDWARD A. SMITH, M. D.

D. MURRAY CHESTON, M. D.

HORACE WILLIAMS, M. D.

The Philadelphia Summer School of Medicine will begin its third term on March 1st, 1867, and students may enjoy its privileges without cessation until October.

The regular Course of *Examinations* and *Lectures* will be given during April, May, June, and September.

FEE, \$50.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, and in Practical Obstetrics. They will be enabled to examine persons with diseases of the Heart and Lungs, to attend women in confinement, and to make microscopical and chemical examinations of the urine. The class rooms, with the cabinet of *Materia Medica*, Bones, Bandages, Manikins, Illustrations, Text-books, Microscope, Chemical Reagents, etc., will be constantly open for study.

SURGICAL DISEASES OF WOMEN. A Course of Lectures will be delivered by H. LENOX HODGE, M. D., on Displacements and Flexions of the Uterus; Inflammation of the Uterus; Polyipi; Fibrous Tumors and Cancer of the Uterus; Inflammation of the Ovaries; Tumors of the Ovaries; Ovarian Dropsy; Sterility; Vesico-Vaginal and Recto-Vaginal Fistulae.

PERCUSSION AND AUSCULTATION in Diseases of the Lungs and Heart will be taught by JAMES H. HUTCHINSON, M. D., by Lectures, and by the Clinical Examination of patients.

WINTER COURSE OF EXAMINATIONS will begin with the Lectures at the University of Pennsylvania in October, and will continue till the close of the session.

Candidates for admission to the Army or Navy, and those desiring promotion to a higher grade, may obtain the use of the Class Rooms, and be furnished with private instruction.

Fee for Office Students (one year), \$100.

Fee for one Course of Examinations, \$30.

Class Rooms, No. 920 Chestnut St., Philadelphia.

Apply to

H. LENOX HODGE, M. D.,

479-530*

N. W. corner Ninth and Walnut Streets,

THE MEDICAL AND SURGICAL REPORTER.

No. 507.]

PHILADELPHIA, NOVEMBER 17, 1866. [Vol. XV.—No. 20.

ORIGINAL DEPARTMENT.

Communications.

REMARKS ON AMPUTATIONS.

By H. L. BYRD, M. D.,

Of Baltimore, Md.

The formation of a stump that may be useful to a party so unfortunate as to require the amputation of a limb, is a desideratum that should claim the earnest attention of every surgeon who decides upon the removal of a limb, or who deems the meliorating the misfortune of his patient an object of importance.

Prior to the inauguration of the late civil war, I had become dissatisfied with the general results of the old circular, and the more modern flap operations, both as to the period of granulation, and the resulting stump, and decided upon a compromise, or blending of the two, as performed ordinarily by surgeons. As a surgeon in the Confederate Army, during the war, I had abundant opportunities afforded me for observing the advantages of the compromise, or *combination*—a better term—operation, by comparing it with the ordinary flap and circular operations. I am unfortunately without statistics, yet my memory sustains me in saying that the advantages preponderated greatly in favor of the combination operation, both as to the period of cicatrization, and the character of the resulting stump. Such was the experience of those of my *confrères* who adopted it, as I have subsequently learned.

Operation. Having decided upon the "place of election," the skin is retracted by an assistant, as in the circular operation, and a careful inspection of the size of the limb is made, or actual measurements taken, and lines traced upon the skin in pencil, ink, or other material, to insure greater accuracy. A strong scalpel is now passed through the skin to the cellular tissue, commencing on the *side* of the limb, and at the line of election, and carried obliquely forward, and around the *under* part of the limb, performing the arc of a

circle in its distal tract, and continued back on the *opposite side* of the limb, to a line corresponding with the starting point. A similar incision is next made, beginning at the initial point, and carried obliquely forward, and over the anterior or *upper* part of the limb, performing a segment of a circle, and carried back to the terminus of the first incision, forming a flap corresponding with that made by the first incision.

A slight sweep of the scalpel, dividing the skin and cellular tissue through the lines of incision, will secure abundant skin for covering the stump with ease, at the conclusion of the operation. The muscles are now transfixed at the line of election, and the operation finished in the usual way. I thought it proper, before bringing the flaps together, to round off the sharp edges of the divided bone—others did not attach much importance to it.

In this operation two very important ends are accomplished: there is always a sufficiency of skin to cover *all* the divided integuments, and that, too, without the least degree of *tension* or *stretching*—a matter of immense importance in the healing of the stump; and from the ease and accuracy with which the edges of the skin-flaps are brought together, adjusted, and secured, the atmosphere is kept excluded from the wound, and its injurious effects obviated almost entirely.

In addition to the foregoing advantages, we avoid the unsightly projections of muscle, which require to be cut off, or crowded back into the wound, as has often been done—and which is almost unavoidable in an operation where the skin and muscles are transfixed and divided at the same time. I will add, in conclusion, that I secured my flaps with ordinary pins, rather than ligatures of any kind. Seizing an ordinary pin in a strong forceps, it will, by a slight pushing rotary movement, pass readily through the edges of the divided skin; over the pins thus placed, I pass a figure of 8 ligature, as in the ordinary hare-lip operation, and snip off the neck and points with a pair of nippers. The stump, after this operation, heals up evenly and conically; matters of the first importance where artificial limbs are to be used.

CASE OF GENERAL OEDEMA FROM ANÆMIA.

By JAMES B. BURNET, M. D.,

House Physician at Bellevue Hospital, New York.

Annie O'Brien, 16 years of age, a native of New York, and single, was admitted to Ward 21 of Bellevue Hospital, on October 1st, 1866. Of herself she gave the following history: Her parents were healthy. Her sisters and brothers also have ever enjoyed the best of health. By occupation she has been a tobacco-stripper for the month before she was taken sick, and previous to this she has been employed as a domestic in the country. For the past six months she has had no home, and has been obliged to submit to many privations. She has been compelled to sleep on the floor, over a damp cellar, and to subsist on the most wretched diet, often in the course of the twenty-four hours having as articles of food merely a crust of bread with a cup of water. Her menses stopped two months ago from exposure to the wet and cold, and after getting her feet wet. They were always regular before this. She has had pains in her back, low down, and a severe headache at the time her courses should come on. About a month ago, in the afternoon, her right foot suddenly became so much swollen that she was obliged to loosen her shoe. Her left foot also swelled a little, but not enough to trouble her. The following morning the right leg, as far up as the knee, was very much swollen—the left one not so much—swellings also made their appearance under the eyes. Her headache all this time was most intense.

In three or four days after the swellings came on, a large blister made its appearance on the anterior part of the right leg, near the ankle, which contained a large amount of serum. This formed a large superficial sore, which has troubled her ever since. A small blister also formed on the right foot, which disappeared very quickly, however, without occasioning any difficulty. Any extra exertion would be attended with a sinking sensation, and great palpitation of the heart. Her weakness was very great.

When admitted to the hospital she presented the following appearances: She was suffering from anasarca, which was especially perceptible in the lower extremities, and in the face, which presented a bloated, bloodless look. The inside of her eyelids and of her lips partook of the paleness of the external surface. The temperature of the body was below the healthy standard, particularly that of the hands and feet. Her pulse was quick and feeble. Her muscles were soft and flabby. Whenever she stooped to the floor,

and then raised her head, she had a dizzy swimming sensation in that part, as though she would fall to the ground. She was troubled with shortness of breathing, which was especially perceptible while ascending a stairway. She perspired a good deal, and very easily. Her tongue was normal in appearance. Out of her eyes there came a worried anxious look. Her hearing and her eyesight were good. The thorax presented no abnormal appearance. Percussion and auscultation revealed the lungs to be in a perfectly healthy condition. There was no hypertrophy or dilatation of the heart, and no murmur, but its sounds were sharp and irritable. The liver was found to be normal in size, as was also the spleen. Her urine, after several careful and rigid chemical and microscopical examinations, was found to be perfectly healthy. It was freely secreted, and of a pale color. Her bowels were costive. She suffered considerably with pains in the head and in the small of her back, and with muscular debility.

The *diagnosis of general œdema from anæmia* was made, and the patient immediately placed upon the most nutritious diet—milk, eggs, beef-tea, and whisky, and three times a day she took a teaspoonful of the following prescription:

R. Ferri et quinae cit., ℥ij.
Syr. aurant. cort., f.℥iv. M.

The large blister from which the serum had escaped was diagnosed to be a species of pemphigus, and had the following wash applied, under which it rapidly improved:

R. Hydrarg. chlor. corros., gr. ij.
Aquæ calcis, f.℥iv. M.

For external application.

The patient was instructed to be out as much as possible in the open air, to take walks down by the river within the hospital inclosure, and as soon as it was deemed proper, each morning she was indulged in a cold shower-bath, and had her entire body vigorously rubbed with coarse towels. Under this treatment her recovery has been most rapid. The anasarca soon entirely disappeared. Her appetite became good. She rapidly gained good solid flesh. Her eyes lost their dull leaden look. To her cheeks there returned the rosy hue of health. Her headache ceased. She complained no more either of shortness of breath, palpitation of the heart, or the swimming sensation in her head when she stooped. In fact all her old evil symptoms vanished, and by November 2d she had become a strong stout girl again. She has been taking lately, instead of the ferri et quinae cit., four grains, three times a day, of the *lactate of iron*. The sore on the leg was occasionally touched with the solid nitrate of silver, and

before it entirely healed, had applied to it ten grains of tannic acid to the ounce of glycerine. For her constipation she has been taking the following pill, which is a favorite prescription with the celebrated Professor JOHN T. METCALFE, of this city, being often prescribed at his clinics, especially for constipation in chlorosis, and which he often calls, "pilula salutis:"

R.	Extracti aloes purgati,	℥ss.	
	Extracti hyoscyami,	℥ss.	
	Extracti nucis vomicæ,	gr. vi.	
	Olei anisi,	gtt. v.	M.

Et div. in pil. No. xxx.

S. One pill after each meal, if necessary.

Remarks. My first impression of the case, judging from the pale, bloodless hue of the patient, from her anasarca, and from her great exposure at night in damp unhealthy locations, was, that it was a typical case of acute BRIGHT'S disease, and I immediately ordered her urine sent to my room for examination. Failing, however, to find in this the evidences of the renal trouble that I expected, I returned to the case, and after a careful examination of every organ, by gradually excluding all difficulties that could give rise to these symptoms, the diagnosis was made that has already been presented. We take it that the diagnosis has been confirmed by the results of the treatment. It has never been our fortune to meet with a more beautifully marked case of the oedema which is so apt to arise in patients suffering from profound anæmia, or to witness better or more rapid results from proper treatment. No microscopical examination of the blood was made, but had it been, doubtless the red globules would have been found greatly deficient in quantity. In severe cases of this disease they are sometimes found reduced as low as 30 per 1000 parts, instead of 130, which, it is well known, is the healthy standard. The liquor sanguinis is generally poor in albumen, and the salts increased in quantity.

In this case, as in the majority of cases of pemphigus, especially in its chronic form, the causes of the disorder were to be found in the debility of the patient's constitution. She had been subjected to great privations, and the pemphigus was one of the results. Dermatologists tell us that we should be careful not to have the vesications prematurely ruptured, and to prevent their becoming so, they may be dusted over with flour or starch. When they have burst, however, all that is necessary, generally, is to protect them from the action of the air, and dress them with some mild astringent lotion or ointment, and to pay particular attention to the improvement of the patient's general health.

DEFECTIVE AND IMPAIRED VISION.

With the Clinical Use of the Ophthalmoscope in their Diagnosis and Treatment.

By LAURENCE TURNBULL, M. D.,

Of Philadelphia.

Binocular Ophthalmoscopes.

(Continued from p. 442.)

A distinguished ophthalmic surgeon of Boston, in his recent work, under the head of "ophthalmoscopes," treats of the binocular form as follows: "The instrument forms one of the most beautiful and ingenious applications of the principles of optics to the furtherance of scientific research; but it has the disadvantage of being somewhat less quickly adapted to the eye than the small ophthalmoscope of LIEBREICH."* Then follows a drawing, but we regret that no one receives credit for the invention. Now we do not know how much experience the writer has had with the best form of this instrument, but it differs very much from that held by surgeons abroad, for one remarks, in his work published this year, "That the details of the fundus oculi, when viewed by means of monocular ophthalmoscopes, appear to be all in the same plane, the depression of a cupped optic disc, or the elevation of the retina by a sub-retinal effusion would be rather inferred from the bending of vessels, by the changing of focus necessary for the clear definition of each part, by alterations in color, illumination, etc., than from any appearance of actual relief. In order that such ophthalmoscopic appearances may be correctly interpreted, both eyes are required in the examination, and for this purpose binocular ophthalmoscopes have been invented, which supply, in a high degree, the deficiency so frequently experienced in using monocular instruments. Solidity of form, precise localization of the various objects seen in the fundus oculi, a natural play of, and entire absence of fatigue to the observer's eye, (which every one must have felt after any prolonged use of a monocular instrument,) are amongst the chief advantages of the binocular ophthalmoscope,"†

Dr. CARTER, in his translation of ZANDER‡ on the Ophthalmoscope, describes the adjusting binocular ophthalmoscope as that of MURRAY and HEATH. Now as Mr. MURRAY made no improvement in the instrument, and as several valuable suggestions were made by Mr. Z. LAURENCE, it

* Recent Advances in Ophthalmic Science. By HENRY W. WILLIAMS, M. D. Boston, 1866.

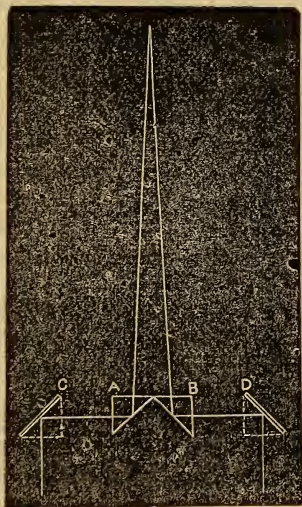
† Ophthalmic Surgery. LAURENCE & MOON. English edition, p. 9. 1866.

‡ I am very happy to inform my readers that Messrs. LINDSAY & BLAKISTON, of this city, will issue an edition of this valuable work, printed in England, very soon.

is properly the joint modified instruments of LAURENCE AND HEISCH. But the claims of Dr. GIRAUD-TEULON, as the inventor of the first instrument used for this purpose, are perfectly unquestionable, as we have before stated. "At the same time that Dr. GIRAUD-TEULON was employed in contriving the improved or adjusting form of his own instrument, it was most happily suggested by Mr. Z. LAURENCE, that the division of the rays might be effected by four small mirrors, the two central ones arranged as in the original (WHEATSTONE's reflecting) stereoscope; and that the outside mirrors would admit of adjustment, not only of distance, but also of inclination. An instrument of this kind was manufactured under the superintendence of Mr. HEISCH, of the firm of MURRAY & HEATH, Piccadilly,* and succeeded admirably in practice. It was found, however, that the mirrors, if made of metal, would be liable to tarnish, and difficult to clean, and if made of silvered glass, they produced confusion by reflecting from two surfaces. Eventually, it was necessary to substitute prisms for the mirrors, and by the joint labors of Mr. LAURENCE and Mr. HEISCH, the instrument has been brought to very great excellence.

Its mode of action will be understood from the annexed diagram, Fig. 4, in which *A* and *B* represent the fixed central prisms, *C* and *D* the

FIG. 4.



moveable lateral ones, which can be approximated and separated, as well as set at any necessary inclination, so as to receive the pencil of rays from the point. The former movement

governs the distance of the points at which the pencils emerge; the latter the angle of their divergence from the median line. By inclining the ocular prisms (*D* and *C*) inward, the two images are fused into one. The power to vary the inclination of the ocular prisms makes this ophthalmoscope independent of the decentred lenses required for Dr. GIRAUD-TEULON's. Their places may therefore be filled by any spherical oculars that special circumstances may require.

The instrument consists of a horizontal metallic plate, $1\frac{1}{2}$ centimetres wide, and ten centimetres long, with a central perforation. Behind this plate the central prisms are fixed, and the lateral ones slide in moveable settings, furnished with an index and graduated scale, by which their distance apart can be read off at a glance. Their inclination is regulated by a screw that acts upon both of them at once. The mirror turns upon a pin on the upper part of the plate, and the instrument is completed by a moveable wooden handle.

The metallic portions are constructed of aluminium bronze, and the total weight is thus reduced to two ounces and fifty grains.

The case, as fitted up by Messrs. MURRAY & HEATH, contains also an object lens and two pairs of oculars, and is made of a shape and size convenient for the pocket."

It has been found by Dr. CARTER and others, that the binocular ophthalmoscope may be constructed for lateral as well as for vertical illumination, and that it may be fitted with the mirror and collecting-lens of COCCIUS's or ZEHENDER's instrument. In this way, it becomes much more convenient for the direct image. It may also be fixed to a stand and rendered available for clinical demonstration.

The advantages claimed for LAURENCE and HEISCH's instrument over Dr. GIRAUD-TEULON's, are: The power to alter the inclination of the reflecting surfaces. It also gives perfect rest to the ocular muscles of the observer, which have no longer to adapt themselves to pencils of a given divergence, but receive exactly what they require. It allows of the ready displacement of reflected images of the mirror, and thus clears the field of vision. By the removal of the ocular prisms, and substituting amplifying lenses of higher power, it thus gives a larger image. The English instrument is not as heavy as the French one. Of the mode of placing the light, etc., we have already given a drawing from ZANDER, and description at p. 306, April 21, 1866, No. 477, vol. xiv. of this journal.

We have, in our former papers, referred to the

* MURRAY & HEATH removed, on the 9th of April, 1866, to No. 69 Jermyn street, S. W., (four doors from St. James street.)

older literature which is to be found everywhere, on binocular vision, but it has of late years been increased by the following essays and works, to which we would refer those of our readers who wish to study the subject more in detail.

Bibliography.

1. Stereoscopic Vision with Two Eyes, pp. 161. F. C. DONDEES. On the Anomalies of Accommodation and Refraction of the Eye. London, 1864. New Syd. Society.
2. On the Invention of Stereoscopic Glasses for Single Pictures, etc. P. WHARTON JONES. London, 1860.
3. The Stereoscope and Stereoscopic Results. I. TOWNE. Guy's Hospital Reports, third series, vol. 9.
4. Some Experiments and Inferences in regard to Binocular Vision; also on our Inability from the Retinal Impressions alone, to Determine which Retina is Impressed. By Prof. W. B. RODGERS. 1860.
5. PANUM, Physiologische Untersuchungen über das Sehen mit zwei Augen. Kiel, 1858.
6. RECKLINGHAUSEN, Netzhautfunctionen, Archiv f. Ophthalmologie, B. v. S. 2. 1859.
7. VOLKMANN, Die Stereoscopische Erscheinungen in ihrer Beziehung zur Lehre der identischen Netzhauptpunkten, in Archiv f. Ophthalmologie, B. v. Abth. 2.
8. NAGEL, Das Sehen mit zwei Augen, und die Lehre von den identischen Netzhauptpunkten. Leipzig und Heidelberg, 1861.
9. WUNDT, A series of articles reprinted from the Zeitschrift f. Rationelle Medicin, collected under the title of Beiträge zur Theorie der Sinneswahrnehmung. 1862.
10. FECHNER, Ueber einige Verhältnisse des binocularen Sehens, from the Abhandlungen d. k. s. Gesellschaft der Wissenschaften, vii. Leipzig, 1861, and numerous short articles by DOVE and others, in POGGENDORF's Annalen.

Chlorodyne.

This article is used sometimes by professional men, though its precise composition has been unknown until lately. The following is given as an authentic formula for it: R. Morph. hydrochlor., gr. xvj.; alcohol, f.℥iss.; chloroformi, f.℥j.; syrupi fusci, f.℥ivss.; ol. menth. pip., f.℥j.; acidi hydrocyanici, (dil.) f.℥iij.; aquæ, ad f.℥viiij. Dissolve the morphia in the spirit, by means of a water-bath, and add the oil and acid; put the chloroform and treacle together in a bottle, and shake violently for five minutes, to mix them intimately, and then add the two liquids. One drachm of chlorodyne thus prepared contains about one-fourth of a grain of morphia, and three minims of hydrocyanic acid.—*Pacific Med. and Surg. Journal*.

VESICO-VAGINAL FISTULA:

Its History and Treatment.

By D. HAYES AGNEW, M. D.,

Demonstrator of Anatomy and Assistant Lecturer on Clinical Surgery in the University of Pennsylvania; one of the Surgeons of the Pennsylvania Hospital; and one of the Surgeons of the Wills Hospital for Diseases of the Eye.

(Concluded from page 393.)

Anomalous Symptoms.—Death.—Pyæmic Peritonitis.

Reported by Dr. William Pepper, Resident Physician.

Case 16. Cornelia Augusta Handy, æt. 24, colored, was admitted to Pennsylvania Hospital April 14th, 1866, suffering with a vesico-vaginal fistula of very great size, resulting from prolonged second stage in her first labor, six months ago. She has been for years in delicate health, though evincing no positive sign of organic disease. Dr. AGNEW operated upon her, Thursday, April 19th, 1866, the edges being pared and brought together, antero-posteriorly, by thirteen silver sutures, clamped with shot. The two upper stitches including the involved anterior lip of the os uteri. A full opiate was administered, and a self-retaining catheter introduced. The urine came readily through catheter, and the woman did well until the afternoon of Saturday, April 21, 1866, when she had a very slight chilly sensation, followed by scarcely any fever or sweat. The following morning I found her with a dry hot skin, restless, lying on her back with legs drawn up, complaining much of abdominal tenderness. The entire abdomen was sensitive to pressure, rather more markedly so in the hypogastric region than elsewhere. There had been very little hæmorrhage, and the catheter remained quite clear. She was at the time under mild opiate influence—having taken gr. i. twice daily. Bowels constipated. Opium and emollient applications to abdomen were ordered, but during the day she had four or five thin serous stools, and vomited a number of times, the abdominal symptoms remaining unabated. No recurrence of chill.

April 23d. Much the same. Diarrhœa and vomiting persisting. Complains of abdominal tenderness. Tongue furred in centre, merely dryish. Pulse rapid and small. Catheter runs freely, but little blood passing. No chill or chilly sensation. Opii, gr. $\frac{1}{2}$, calomel, gr. ss., q. t. h. Hop-poultice to abdomen. Light diet.

April 24. Expresses herself as feeling better. Less abdominal tenderness. Belly not distended. No vomiting. Less diarrhœa. There is, however, extreme huskiness of voice, and mental dejection.

April 25th, 26th, 27th, 28th. Remained in

much the same condition, excepting that great jaundice came on, the conjunctivæ being deeply yellow, and the jaundice-tinge showing through the dark skin. The vomiting has not recurred; but, despite the free use of opium, she had several thin stools daily. The calomel and opium were suspended after sixty hours, as the abdominal tenderness disappeared almost entirely; the pulse became less frequent, and the skin less parched and dry; and HUXHAM's tincture of bark, with nitro-muriatic acid and a small amount of stimulus, were ordered. There was nothing like a chill or intermission in the febrile movement. The voice remained very husky and feeble, and she evinced great hebitude.

April 29th. Expressed herself as feeling more comfortable. Had some appetite. Pulse not more than 110. Jaundice somewhat decreased perhaps. Bowels more quiet. Tongue dryish and coated. Abdomen not sensitive, rather retracted. No cough. Heart sounds healthy. No delirium or brain symptoms. Voice extremely feeble, but is a little more animated.

April 30th. Stitches removed by Dr. AGNEW. The anterior half of fistula found to have healed, this being the twelfth day. The vagina was coated with yellowish layers of lymph, mixed apparently with urinary salts. Condition very much the same.

May 1st. Much the same. Pulse small, but not so frequent. Skin not harsh. Tongue dryish. Jaundice marked. Considerable hebitude, but perfectly rational, and expresses herself as feeling more comfortable and stronger. Her appearance, however, belies her, as she was evidently emaciating rapidly. Her voice was almost extinct. She seemed to be more easy when lying on her side, and yet was almost unable to turn over. Made no complaint of pain. Had no diarrhœa or vomiting. Took nourishment quite well, and passed the day much as usual, but about 10, P. M., after having spoken to the night nurse five minutes previously, she was found dead, lying quietly in the same position—on right side.

Post Mortem, fifteen hours after death. Quite marked rigor mortis. Body emaciated. Spine not examined.

Brain presented no abnormal condition, save that it, like all other parts of the body, was deeply stained of a yellowish hue. The blood in the cerebral veins was clotted, as it was in most of the vessels of the body.

Thorax. Lungs anæmic, congested posteriorly, but contained no pyæmic deposits. Bronchial glands not enlarged. Heart contained

no fluid blood, and a very small, quite firm coagulum in right ventricle, extending into pulmonary artery, but by no means filling its calibre. Healthy in structure, though these organs, as all the others, were stained yellow.

Abdomen. On opening the abdominal walls, there was a gush of thick yellowish, ochre-colored fluid, identical in thickness, color, and smell, with the fluid so often seen in pyæmic pleurisies, and upon examining the cavity of abdomen, it contained at least Oij. of this fluid. All of the viscera were coated more or less with yellowish cheesy-looking lymph, although the spleen, greater omentum, and ilium were so to a most marked degree. Upon stripping off this lymph, the subjacent peritoneum seemed almost entirely healthy, not having even an excoriated appearance. In no place had any adhesion formed between two portions of this deposit.

The liver was of normal size and consistence, but deeply stained with the same yellowish tinge as were the other organs.

Gall-bladder pale and almost empty.

Spleen slightly enlarged and rather soft.

Pancreas healthy. Kidneys apparently healthy.

There was an increase of these appearances over the bladder and rectum, and upon opening bladder, it was found merely much discolored by chronic congestion. It was somewhat thickened, but no evidence of any recent inflammation.

The uterus was of fair size, firm, and on section, presented a normal appearance. The mucous membrane of its cavity was dark and somewhat thickened. No evidence of inflammation of uterine veins. Fallopian tubes healthy apparently; calibres free.

The fistula was found, as stated, reduced in size. Edges presenting a pale granulating surface encrusted with phosphates. The neck of uterus, we have seen, was turned into the bladder, and the highest stitches almost passed through tissue of the os, but no evidence existed of any uterine inflammation, or of the peritonitis having started from this point.

Stomach and intestines presented nothing to account for gastro-intestinal symptoms, excepting some softening and thinning of the mucous membrane.

Urine could not, of course, be obtained.

The fluid in abdomen contained granular corpuscles, with single or double nuclei, some with none apparent, large nucleated cells, a little hæmatin. After addition of acetic acid, a few corpuscles showed trefoil nuclei. Most of the corpuscles, however, had but one or two. Some

coagulation of mucus. The whole being evidently cacoplastic lymph fluid.

The *blood*, bistre tinted, pale and thin, clotting imperfectly, though quite rapidly, forming large dark clot, full of white corpuscles. No attempt at formation of rouleaux. Red corpuscles crenated. Quite numerous flakes of hæmatin.

There was no enlargement of inguinal, pelvic, or lumbar glands.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
October 13, 1866.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Primary Syphilis.

Robert W—, æt. 27. He has six syphilitic ulcers at the junction of the foreskin and head of the penis; two of considerable size, and almost symmetrical in their situation and shape; the others quite small. The larger ulcers have a somewhat excoriated appearance, with a full bottom, of a grayish or drab-colored appearance. The edges of these ulcers are rather hard, and the discharge from them yellowish. There is no swelling in the groins. These chancres were first noticed a little over two weeks ago, and were contracted a week previous to their observed appearance.

Syphilitic inoculation may take place directly; as for instance, when there is a fissure or abrasion on the head of the penis, or on the prepuce, or both. At other times the matter is inserted into the orifice of one of the mucous follicles of the part. Very frequently the inoculation takes place by mere contact with the mucous surface, apart from the mucous follicles. The syphilitic poison is not capable of generating gonorrhœa. The two poisons are entirely distinct in character.

This patient has multiple or soft chancre; the matter from which is more inoculable than that from hard chancres, and it gives rise more frequently to bubo, but is not so liable to contaminate the system as that from hard chancres. Indeed the French school says it has not the power of contaminating the system under any circumstances, that it is an inert poison; hence this variety of chancre has been called chancroid. Prof. Gross has seen cases of soft chancre, however, which, beyond all doubt, contaminated the system, and some of the very worst cases of secondary and tertiary syphilis which ever came under his observation, arose from chancres absolutely so small and insignificant as to have escaped the attention of the patient and his attendant. Although the hard chancre induces constitutional symptoms more frequently than the soft, nevertheless, the latter is capable of producing similar effects.

This man has no bubo, and he may never have any, and yet be the subject of secondary and ter-

tiary manifestations. If he have bubo at all, he will be apt to have both groins affected, for the chancres exist on both sides of the penis.

The object of treatment is to protect the man from the inroads of this poison, by curing the chancres as speedily as possible, before the poison may reach the system, and give rise to contamination. The ulcers are to be converted into healthy ulcers, by removing a certain amount of inflammation, so that when lymph is poured out it shall be converted into granulations. For this purpose constitutional and local remedies are to be used. When a patient is as robust as this young man, with all his functions well performed, purgatives are indicated. He was ordered

R. Hydrargyri chloridi mitis, gr. x.
Extracti colocynth. compositæ, gr. v.
Pulveris ipecacuanhæ, gr. j. M.

In pil. iij. div. Take at night, to be followed, if they do not produce free operation, by rochelle salts, epsom salts, or citrate of magnesia. He was also directed

R. Antimonii et potassæ tart., gr. i½.
Morphiæ sulphatis, gr. j.
Magnesiæ sulphatis, ʒj.
Tinct. veratriæ virid., fʒj.
Syrupi, fʒj.
Aquæ, fʒv.

A tablespoonful every four or five hours.

The object of the prescription being to keep the bowels soluble, and reduce the action of the heart. He should drink no coffee, and eat no meat. He should keep at rest, in the recumbent position. As for local treatment, he should buy himself a pint tin-cup, fill it with luke-warm water, add a tablespoonful of common salt, and bathe the part in it three or four times in the twenty-four hours, for ten or fifteen minutes at a time. The sores were cauterized by an antiphlogistic touch of nitrate of silver, and the penis ordered to be wrapped up in a strong solution of sugar of lead and opium. In the course of twenty-four or forty-eight hours it may be necessary to touch the parts again very lightly with the nitrate of silver. So soon as granulations begin to show themselves, the ointment of the nitrate of mercury, very much diluted with simple cerate, will be applied. If the man were anæmic, with cold extremities, he would probably be put upon the use of tonics.

Chronic Abscesses.

Mary W—, colored, æt. 32. Has had a tumor on the right side, between the anterior border of the scapula and the nipple, since last Christmas. The right mammary gland is flabby and atrophied. There is no discoloration of the skin, and but very little unnatural heat. There is some sharp pain in the part, but so slight as not to affect sleep or appetite. The tumor is soft, with a sense of fluctuation. It is situated directly over a rib, and feels like a cystic tumor. It is probably a chronic abscess, connected with disease of one or more of the ribs. Another tumor exists on the left side, lower down than that on the right, which is of five years' standing. The exploring needle was introduced into both; and they were found to be abscesses.

This affection is frequently described as of scrofulous character. It is most likely to occur in connection with disease of the bones. Months, sometimes years, elapse before the abscess reaches the surface. The pus is very thin, containing a considerable quantity of fat, more than is found in the phlegmonous abscess.

Pott's Disease of the Spine.

Jno. D.—; æt. 2½ years. He has been unwell about one and a half years. He cannot walk erect, carries his head back, and drags his limbs along the floor. He does not sleep well at night; starts up and screams out in his sleep. He has a hacking cough. There is a posterior spinal curvature, situated pretty high up in the dorsal region, constituting what is called Pott's disease of the spine.

This affection is not confined to childhood, but is more common at that period of life than any other. It is much more frequently met with in the dorsal region than in any other portion of the extent of the vertebral column; for what reason it is impossible to say. It occurs in children of delicate organization, the subjects of pulmonary consumption. It goes on gradually increasing, and if not properly treated, great deformity is the result; not only in the spinal column, but also in the corresponding ribs.

The difficulty in the child's walk is one of the first things to attract the attention of the parent. The child drags himself along; is afraid to touch the surface of the floor roughly, lest the jar should hurt the spine; he throws back his head to take off its weight from the seat of the disease; gradually the arms are drooped behind him as he walks, and he becomes stoop-shouldered, even when there is comparatively little spinal projection. The abdomen is protuberant; there is a good deal of flatulence. The child has more or less fever, and pain at night, and the appetite becomes impaired.

The sooner the trouble is detected, the better it is for the patient. Very little deformity will result, if the case is properly managed at the commencement.

The child was placed under the influence of chloroform, and the actual cautery applied near the spinal projection, burning through the skin and subcutaneous cellular tissue. The eschar will drop off in four or five days, the sloughing process being rapid, more so than in the adult. Nothing at all will be applied for the next few hours. After that a ground flaxseed or a slippery elm poultice will be employed, to be changed once or twice in the twenty-four hours, until the eschar is detached; after that it will be continued to promote suppuration. Such an issue as this is incomparably better than one made with caustic or seton. The child must not be permitted to walk one step. He must lie upon a soft mattress, with his head as low as the rest of his body. The child must not sit up to eat his meals, nor evacuate his bowels. He will take an occasional purgative, and if his strength give way, which is not probable, he will be put on the use of quinine, iron, and milk punch.

These cases of disease of the spine are generally woefully neglected. The diagnosis is not

established at the proper period; or if it be, the treatment is seldom of a proper kind. The child is permitted to walk about, and, as a consequence, deformity of the most hideous character is the result. So soon as the chasm in the vertebræ is bridged over, then a spinal brace or supporter can be applied, and the child permitted to rise.

Paraplegia.

N. G., æt. 34. He has been afflicted for four years, without any assignable cause, excepting an attack of typhoid fever. Just after the commencement of that fever he was seized with paralysis of the lower extremities. The attack of typhoid fever was protracted, lasting for six or seven weeks. By the time he was able to walk, the paralysis had in a great measure disappeared. Then he was taken ill again, when the paralysis recurred, and has been present ever since.

His general health is good; appetite unimpaired, and tongue clean. He sleeps well. There is paralysis of the bladder, and he is obliged to strain a good deal in order to get a passage from the bowels. The left limb is worse than the right, and has been so all along. He has not hurt his back. The upper extremities and tongue are unaffected. His memory and senses are good. He never had apoplexy.

There is more power in the flexor muscles of the lower limbs than in the extensor. There has been some impairment of sensibility.

This paralysis has been produced by inflammation of the spinal cord or its theca. There has been a deposit of plastic matter,—not of serum, for that would have been absorbed long ago, which plasma, by compressing the origin of some of the nerves going to the inferior extremities, prevents them from transmitting their ordinary quantity of nervous fluid. The object of treatment will be to act upon this plastic matter, by stimulating the absorbent vessels, so as to induce them, if possible, to remove it, or a portion of it, so that the connection between the spinal cord and the inferior extremities shall be reestablished. For this purpose, a large issue, with the actual cautery, will be made in the upper portion of the lumbar, or lower portion of the dorsal region. The issue will be made so large that the sore may be two or two and a half inches in diameter after the eschar drops off. The object is to secure an abundant discharge of pus, to make a powerful impression on the nerve centre, which cannot possibly be made with either the knife, the pea, the Vienna paste, or the caustic potassa.

The man was placed under the influence of chloroform, and the actual cautery applied. He was ordered one-twenty-fourth of a grain of strychnia, three times a day, in combination with quinine and iron.

— The Eaton (Ohio) *Register* describes a singular and fatal accident, which occurred in that place. LUCY C. STEPHENS, a daughter of JOHN W. STEPHENS, fell while carrying a glass lamp, which was broken by her fall. A fragment struck her neck, severing the carotid artery and jugular vein, and the poor girl soon bled to death.

Medical Societies.

PHILADELPHIA CO. MEDICAL SOCIETY.

Conversational Meeting, Oct. 10th, 1866.

Laryngoscopy, and its Uses in Diseases of the Throat and Windpipe.

By J. SOLIS COHEN, M.D.

(Continued from p. 382.)

When the season of year, the hour of the day, and the location of the apartment in which the examination is conducted are favorable, we can employ sunlight, which gives us a perfect image of the parts reflected. For this purpose the patient may stand or sit with the face opposite the window through which the sun streams, so that its rays shall fall directly into the open mouth, and the operator, having taken such position that his eyes shall be on a line with the patient's mouth, introduces the mirror as directed. The best position for the head of the patient is slightly turned backward, so that the lower edge of the upper incisor teeth shall be on a horizontal plane with the junction of the soft and hard palate. If the parts are not seen at once, the mirror can be quietly raised or lowered, or turned to one side or the other. The contour of the laryngeal structures differs in different individuals, so that the exact angle the reflecting surface bears to the laryngeal aperture will vary in different cases.

Instead of employing the direct rays of the sun, the light may be thrown into the mouth of the patient—who then sits with his back or side to the window—from a reflector, or the light may be caught on a toilet mirror, and then received upon the reflector. If sunlight is used, the reflector may have a plane surface; if the diffused light of a room be employed, it should be concave, or else the plane mirror will have to be too large for convenience. The light may also be received into a darkened room through an aperture, and the cone be allowed to fall directly into the patient's mouth, or be received on a reflector.

When sunlight cannot be employed, artificial light must be resorted to, and the flame of any good lamp, concentrated by a lens, or series of lenses, with or without reflecting surface behind the flame, may be used directly, or by reflection. An ordinary bull's-eye lens will form an admirable condenser, and where economy is an object, the ordinary glass globe of the shoemaker, supported on the ring of a retort stand, will afford an efficient substitute. The light of a lamp may also be received upon the reflector without passing through a condensing lens, but then we will have the inverted image of the flame for illumination, instead of a circular disk of light. The light may be placed by the side of the patient, or behind him, appearing directly over the top of the cranium, and the reflector upon which it is received, be attached to the observer's head by a head-band, or by a pair of spectacles, or by means of a support held between the teeth, and be worn on the forehead, in front of the nose, or before one eye, as is most convenient to the operator. It may also be held in the hand, be at-

tached to an arm coming from the lamp, have a separate movable stand, or be placed upon a rod fastened to the table. If the reflector is to be placed before one eye, it will have to be perforated, as is the ophthalmoscopic reflector of RUETTE, which CZERMAK adapted to the purposes under discussion. There is no necessity for a perforation, inasmuch as we can see just as satisfactorily when looking past the margin of the reflector.

The parts reflected in the laryngeal mirror are seen inverted, and present the appearance the actual parts would present could we view them from behind through a hole in the spinal column.

Now as to the practical application of laryngoscopy. It assists our diagnosis of the actual condition of the parts examined, and were its uses limited to this alone it is invaluable; but by means of properly curved instruments, we can make local applications when necessary, and see the operation of our instruments in the mirror almost as satisfactorily as we can follow them on external structures. Thus we can cauterize a desired spot, lance it, etc. Medications are conveyed directly to laryngeal parts, in various ways. The most frequent method is the application of solutions by the sponge, brush, or mop. Powders may be introduced into the larynx by means of a catheter-like tube, from which the powder is propelled by compressing a gumball at the other end of it. Or they may be blown in, having a tube attached for that purpose; solutions may also be injected from a syringe provided with fine perforations at the nozzle, and constructed so as to be employed with one hand. Fluids can also be thrown into the larynx and trachea, in the form of spray propelled by the gumball from a catheter-tube minutely perforated at its extremity. Fumigations can be employed directly, the catheter tube being connected by rubber tubing, with the apparatus disengaging the required gas. Solid caustic may be secured in an instrument provided with a spring, exposing only the extreme end of the stick. Or melted caustic can be received on the end of a platinum pointed probe, and in this way be applied to any desired point, without risk of breaking off, and doing serious injury.

Cutting instruments properly protected, so as to be exposed only at the desired moment, are employed for various purposes.

For the removal of tumors, cutting and crushing forceps of various kinds have been constructed, and the *écraseur* even has been adapted for this purpose. Galvanism can be accurately conveyed to any desired point, by means of an instrument through which the current is not completed unless a spring in the handle is pressed upon.

All these various surgical appliances have been successfully employed in the treatment of laryngeal disease, amenable to no general constitutional remedies, and the field promises a rich harvest to the investigator.

Considerable practice is absolutely necessary for the acquisition of sufficient skill to touch a desired point at will, and it will be necessary for the expert laryngoscopist to learn to use either hand, at least with reference to the introduction

of the mirror; and then with "the mirror the guide to the operating hand," (CZERMAK,) practice will ensure success.

A certain percentage of cases will be encountered, in whom, from natural or acquired deformity, it will be impossible to make a laryngoscopic examination, but the proportion will not be more than three per cent., and probably much less.

In more than nine-tenths of the cases presenting, an examination can be made at the first interview, and in a large number of these at the very first introduction of the instrument; so that there is nothing to prevent the laryngoscope from becoming a valuable means of diagnosis in the hand of every physician.

Dr. TURNBULL having requested Dr. SOLIS COHEN to say a few words on the sister subject of *Rhinoscopy*, that gentleman remarked that by turning the laryngeal mirror round so that its reflecting surface should point upward instead of downward, and placing it behind the soft palate instead of in front of it, the light is reflected into the posterior nares, and these parts with the entrance into the Eustachian tube are reflected. It becomes sometimes necessary to depress the tongue with a spatula, so as to secure sufficient room for the mirror, and also occasionally to pull the soft palate forward from the pharynx by means of a hook, so as to increase space, unless a small mirror is used and passed up alternately on either side of the velum. The mirrors are conveniently placed at almost a right angle, and the light is directed rather lower down in the fauces. It is also sometimes necessary for the patient to touch the parts frequently with the handle of a tooth brush, or some other foreign body, before he can control the peculiar nasty sensation that the presence of instruments so often causes in an examination of this kind. Consequently the number of successful rhinoscopic examinations at a first interview are much less than with the use of the mirror as a laryngoscope. The remarks made as to the use of instruments in laryngoscopy will apply to rhinoscopy; and it may be added, that the catheterization of the Eustachian tube can be verified in this way, or the instrument be inserted under sight.

continues: The search after bullets and their extraction was a source of the greatest interest, both to surgeons and patients. It often proved a matter of the greatest difficulty to determine whether a bullet was lodged in the body or not; frequently the men would positively assert that the ball had been extracted on the field, when it subsequently proved not to have been the case. The excitement produced in some men by the sight of the bullet was most astonishing. An Italian seized his bullet, bit it violently, and cursed it so furiously that it had to be taken from him, to prevent him injuring himself. A Prussian soldier, apparently by no means an excitable fellow, on seeing the ball which had been removed from his thigh, burst into tears, and shaking hands with us all round, divided his attention between blessing us and cursing his bullet. The men always kept them as valuable relics, and would not have parted with them at any price. The "Garibaldi sonde," as it is called after the illustrious hero for whose sake M. NÉLATON invented it, proved of the greatest service. I have known a bullet, buried at the depth of four inches in the fleshy part of the thigh, recognized by the faint streak of lead left on the unglazed porcelain at the end of the probe. By its aid it was easy to determine between a fracture-bone and a bullet. Of the instruments used for extraction, the ordinary bullet-screw and long forceps were perhaps the two most commonly employed; but the new American bullet-forceps was very highly spoken of. With regard to the apertures of entry and exit, there was, as a rule, very little difference to be observed between them; they were often of the same size, and presented very much the same character. I frequently observed that the supposed aperture of exit healed more rapidly than the other. The account of the patient could rarely be trusted, and I found the holes in the clothing to be the best guides, as here the aperture of exit was invariably the larger and more irregular of the two. In one case, where a bullet had penetrated both thighs, it was only by examining the trousers that we could determine the direction it had taken, the patient's account proving incorrect.

EDITORIAL DEPARTMENT.

Periscope.

Searching for Bullets.

The *Lancet* contains an interesting record of observations in the military hospitals of Dresden, by Dr. BRUCE, of University College, London. There was ample opportunity for observing the effects of the different bullets employed by the three armies, and after a careful examination, Dr. BRUCE says he cannot agree with the generally-entertained opinion that the bullet of the Prussian needle-gun produces a less serious wound than that of the Austrian Minie rifle. The Prussian soldiers fired at short ranges; the Austrians and Saxons at long ones. The Doctor

Non-Mercurial Treatment of Syphilis.

Mr. R. W. DUNN, in a pamphlet on the mercurial and non-mercurial treatment of syphilis, gives the results of experience of many authorities, as well as of his own; and from these draws the following deductions. 1. The primary sore can be healed without mercury. 2. Mercury does not prevent secondary symptoms. 3. The secondary symptoms that follow the non-mercurial are slighter than those that follow the mercurial treatment. 4. Secondaries are more frequent after the mercurial than after the non-mercurial treatment. 5. If the patient be of a strumous diathesis, mercury ought to be avoided. 6. Rupia and bone-disease seldom follow the non-mercurial treatment. 7. Perhaps the disease disappears more rapidly under the mercurial treatment, but the result is not effective or lasting; and by avoiding the use of the drug altogether, we do not damage the constitution, and nature,

with a little help, will cure the disease. 8. In hereditary syphilis, the rate of mortality is lower, and the duration of treatment is shorter, when treated without mercury.—*Brit. Med. Journal.*

Use of the Thermometer in Diagnosis.

In England and on the Continent, considerable attention has lately been given to the temperature of the body in typhoid and other fevers, as indicated by the thermometer, which is regarded by some observers as a valuable aid to diagnosis. Instruments are constructed especially for the purpose, the tube being curved so that the bulb may be passed into the axilla, where it is retained three or four minutes, at which time it marks the exact temperature of the blood. In typhoid fevers, there is a gradual rise for four or five days, when it reaches 104° or 105°. Should the rise in fever be more rapid, it is not likely to be typhoid. During the second week, a daily change from 102° in the morning to 104° in the afternoon is favorable, and the greater the morning fluctuation the better the prognosis. A large number of observations are recorded in the English journals, taken from cases of typhus and typhoid fever, scarlatina, erysipelas, and other maladies, the pulse, respiration, and temperature being noted daily, both morning and evening. In general, the rise and fall of temperature coincide with the rise and fall of the pulse, the latter supplying a more ready guide than the former. There are some notable exceptions, however, going to show the value of the thermometrical test. The height of temperature is usually a sure indication of the severity of the fever. In traumatic erysipelas, it is apt to rise suddenly to 104°, without serious results. When in any febrile disease, it approaches 106°, there is imminent danger, and a temperature of 108° or 109° indicates the near approach of death. In a case of idiopathic tetanus, the mercury stood at 111.5 at the moment of death, and after death it rose to 113.8. In a case of pyemia, it rose to 107° before death. In pneumonia, its indications are asserted to be decidedly more reliable than those of the pulse and respiration, the latter remaining, in many cases, in *statu quo* long after the fall of temperature has denoted the relaxation of disease, and in other cases, giving no indications of danger, when the high temperature reveals the critical condition of the patient. In abscess, the temperature rises rapidly whilst pus is forming, and then rapidly subsides. One case is stated, in which, though all the other symptoms of typhoid were present, the mercury in the axilla indicated only 102° on the tenth day, and this was considered incompatible with true typhoid. The patient proved obedient to the diagnosis, and was well three days afterward. A single degree appears to us rather a slender basis for diagnosis, even admitting the impossibility of such a rapid recovery from typhoid fever. We should not be surprised if the fashion were to take in America. Before many months our enterprising apothecaries of San Francisco will probably be advertising the thermometers of GRIFFIN, and CASELLA, and NEGRETTE, and our practitioners will go armed with them, and our patients will all insist on knowing

whether they are too hot or too cold for health—*Pacific Med. and Surg. Journal.*

Remarkable Case of Cardiac Disease—Patent Foramen Ovale.

Dr. BENNETT related before the Pathological Society of Dublin, a very interesting case of heart disease, which we condense from the Secretary's Report, as published in the *Dublin Quarterly*.

The patient, 24 years of age, died suddenly during an attack of palpitation, to which he had been subject during the last five years, dating from an attack of measles. And that there was cardiac disease appeared certain during life, but an accurate diagnosis was never made out, although he was examined and treated at different times by such men as Sir CARRIGAN, Dr. STOKES, Drs. WATSON and CROKER. The only positive diagnosis was that of hypertrophy of the heart, fluid in left side of chest, and hepatic enlargement. At no time during the course of the disease was there any cardiac murmur, though there was evidence of organic disease in the enlargement and palpitation.

The autopsy revealed the following condition of the heart: The pericardium was universally adherent to the heart by connections which could only be separated by dissection. In no part of the chest was there any sign of recent inflammation. The heart was of great size; on being removed and freed of blood, it weighed, with a small part of the pericardium and the arch of the aorta attached to it, twenty-four and a half ounces. Its circumference, following the margins of the ventricles, measured 19½ inches; at right angles to the axis 12½ inches. On opening the right auricle, the cavity was seen to be greatly enlarged, and the septum of the auricles perforated in the position of the foramen ovale, by an opening, 6½ inches in circumference; the right auriculo-ventricular opening was over 8½ inches in circumference. The right ventricle was greatly enlarged also, and its walls were thickened; the valves of both openings were free from disease, but evidently insufficient to close the openings. The ventricular septum was perfect, and ductus arteriosus completely closed. Left auricle much smaller than the right, being not much more capacious than natural; its walls somewhat thickened; mitral orifice of normal size, and valves healthy and sufficient; cavity of left ventricle and its walls normal. Aorta healthy, closed by healthy valves, but in size much below that of an adult's aorta, and the vessels springing from it, proportionate to its diminished size.

The following seems the mode of occurrence of the pathological changes: An attack of pericarditis occurred during the measles, with this pleuritis, with effusion on the left side; the combination of these two impediments of the heart's action brought into play a pre-existing patent foramen ovale; then followed enlargement of the right side of the heart and contraction of the aorta. For a long time before death, the stream of blood through the foramen ovale was evidently directed from left to right, especially during the attacks of palpitation, which were relieved by horizontal position, and never commenced while

the patient was in bed. This, with the pallor of the face, observed during the palpitation, show that its principal cause was a want of blood in the vessels of the brain. This want of blood was caused by the deficient supply to the left ventricle, which resulted directly in contraction of the aorta.

The case is one of great interest, as showing how imperfect are our powers of diagnosis of cardiac disease, and for the late period of life at which it is possible for congenital affections to give rise to fatal disease, when brought into play by some accidental occurrence. There was not in this case any symptom present indicating patent foramen ovale.

Cases of Poisoning; Laudanum—Corrosive Sublimate.

Dr. HIRAM WANZER, of Chicago, at a recent meeting of the Medical Society of that city, related two cases of poisoning, which are reported in the *Chicago Medical Journal*.

Poisoning by Laudanum. Man, 25 years, swallowed two ounces of laudanum. Was taken to his home soon after. Not seen until an hour after the occurrence, and then in state of profound insensibility; skin covered with cold sweat; pulse slow and moderately full, pupil contracted, breathing stertorous, heat of head indicating cerebral congestion. Cold water was immediately applied to the head, and after the application had been continued half an hour, reaction and consciousness sufficiently established for administration of an emetic. After operation of emetic, coma again supervened. Narcotism continued for twelve hours. He was aroused every hour to take five grains of carbonate of ammonia in emulsion. In Dr. WANZER's opinion, this agent exerted a powerful influence in establishing a more complete reaction.

By Corrosive Sublimate. A woman, aged 35 years, had swallowed a solution containing three grains of corrosive sublimate. The prompt action of an emetic, and administration of the white of eggs and other albuminous substances, rendered the remaining poison so inert, that she suffered no ill consequences.

Unilateral Sweating in Epilepsy.

The *New York Medical Journal* quotes from the *Medical Times and Gazette*, several cases of unilateral sweating in epilepsy. It is not easy to make out the meaning of this symptom. In some cases it occurs, as Dr. GARDNER has pointed out, with paralysis of the cervical sympathetic from the pressure of an intra-thoracic tumor, which tumor is generally an aneurism. In a case reported by Dr. RAMSKILL, occurring in an epileptic patient of the National Hospital, for epilepsy and paralysis, the line of perspiration was abruptly marked at the middle line of the nose and lip, but extended very slightly to the left of the median line on the forehead. On the outer part of the cheek, near the angle, the part supplied by a branch from the cervical plexus, there was no sweating, but the lobe of the ear supplied by a branch from the same plexus, was much hotter than that of the opposite side. Local stimuli applied to each cheek in turn, produced the same result, viz., profuse

perspiration on the right, but none on the left. In this case there was no evidence of an intra-thoracic tumor. In some of these cases the pupils remain normal, in others they have been observed to be contracted on the sweating side. In several cases, partial paralysis has been observed to exist on the sweating side, giving this symptom definite relations.

Treatment of Urticaria.

M. HARDY prescribes alkaline baths, if the eruption is not very severe, then some baths of sublimate. He considers the last as the specific for itching. A topical application, which is equally excellent to relieve the itching, and which sometimes produces an immediate sedation, is the following powder: White oxide of zinc, ten parts; camphor, five parts; and starch, forty parts. He prescribes also in similar cases lotions made with one quart of vinegar and three of water; this solution is applied with a sponge. Instead of the vinegar and water we may use nitric acid and water, one or two grammes of acid to nine litres of water. The internal medication consists of orangeade, lemonade, barley-water, etc. Then comes the alimentary regimen, which is very important. He rigorously excludes all pork, fresh as well as salted; prohibits all shell-fish and certain vegetables, such as cabbage, which, like strawberries, may occasion urticaria and strophulus.—*Cincinnati Journal of Medicine*.

Reviews and Book Notices.

Orthopedics: A Systematic Treatise Upon the Prevention and Correction of Deformities. By DAVID PRINCE, M.D. Philadelphia: LINDSAY & BLAKISTON. 1866. Pp. 240. Price, \$3.00.

This is a good book, upon an important practical subject; carefully written, abundantly illustrated, and well printed. It goes over the whole ground of deformities, of all degrees; from cleft-palate and club-foot, to spinal curvatures and ununited fractures. It appears, moreover, to be an original book, so far as one chiefly of compilation can be so. We are glad to find frequent reference made to American sources upon many of its topics; particularly to a Report of Dr. H. G. DAVIS, in the Transactions of the American Medical Association. The latter writer is quoted as having many years since introduced the use of india-rubber as "artificial muscle (ligament?)" to afford the requisite elasticity for extension in cases of deformity.

Foreign writers, however, are not overlooked. From BARWELL and ADAMS, of London, a table is derived, giving statistics of the results of tenotomy for club-foot. Our author's conclusion is, that "from this analysis we may well hesitate before dividing any tendon about the foot, except the tendo-Achillis. If the result in these cases is of any value, the division of these

tendons should only be practised in instances in which, from permanent loss, or paralysis of the opposing muscles, a permanent loss of muscular contraction is desirable in the muscles whose tendons are to be divided."—(P. 177.)

It is very interesting to find quoted from a Treatise on Articulations by HIPPOCRATES, a passage in which the principles of the mechanical treatment of club-foot are clearly stated.

To get the substance of the information contained in this book, one would have to read not only several other Treatises, but many scattered monographs; the matter of which, with a good deal of judgment, Dr. PRINCE has selected and arranged for use. We do not say that it is perfect; another edition will probably be still better. But such a book was wanted, and it deserves success.

A Manual of Medical Jurisprudence. By ALFRED SWAINE TAYLOR, M.D., F.R.S.; Professor of Medical Jurisprudence and Chemistry in Guy's Hospital. Sixth American from the Eighth and Revised London Edition; with Notes and References to American Decisions. By CLEMENT B. PENROSE, of the Philadelphia Bar. Philadelphia: HENRY C. LEA. 1866. 8vo. Pp. 778. Price, \$4.50, (cloth.)

As Dr. TAYLOR is the leading authority in our language upon Medical Jurisprudence, and this is his eighth edition, it is needless to speak in commendation of the Manual. This time the American editor is a legal gentleman; previous editions were revised by Dr. E. HARTSHORNE, whose notes and additions in reference to American practice have been retained. Mr. PENROSE has also introduced many notes referring to American decisions; and has modified the text of the volume by restoring some matter omitted by the author, and adding articles from his "Principles and Practice of Medical Jurisprudence;" so as to make the Manual more available and complete. The articles so brought in are upon noxious animal food, trichiniasis, sexual malformation, insanity as affecting civil responsibility, suicidal mania and suicide, and life insurance.

In conversation with the present writer, some years ago, in London, Dr. TAYLOR remarked, "If I have met with any success, it has been by devoting all my attention to the one subject." This idea is not an American one; but perhaps we need something of its influence, nevertheless. One reason for the comparatively small number of highly distinguished scientific men in special departments, with us, no doubt, is, that the necessities of living compel a distraction of attention from that which is most profitable in the highest

sense, to that which is most so in the lowest. We cannot but hope for a day when this will not so generally be the case as it is now.

A Manual of Auscultation and Percussion. By M. BARTH and M. HENRI ROGER. Translated from the Sixth French Edition. Philadelphia: LINDSAY & BLAKISTON. 1866. 12mo. Pp. 161. Price, \$1.25.

This is not the first translation of BARTH and ROGER published in this country. After Dr. NEWBIGGING, of Edinburgh, Dr. F. G. SMITH, of this city, translated it, a good many years since. The latter incorporated with it some excellent tabular matter. Dr. POTTINGER, of St. Louis, published in that city, in 1860, a translation of his own; introducing a number of the tables of signs contained in the first edition of Dr. WALSH'S Manual. The translation now before us is without interpolation. It is sufficiently literal, although not quite always perfect in elegance; retaining occasionally almost too much of the foreign idiom. The volume is conveniently small, exceedingly neat in typography and binding, and easily read.

It is interesting to notice that MM. BARTH and ROGER have given full attention to Drs. CAMMANN and CLARK'S method of "auscultatory percussion;" the last nine pages of this brochure being devoted to it. Their conclusion in regard to it is thus expressed: "To sum up; auscultatory percussion appears to us difficult of execution; its profound study must demand at least as much time as ordinary percussion; if it can rival the latter in measuring solid or indurated organs, even if it allows us perhaps to appreciate more exactly the precise dimensions of the heart, it is certainly inferior in the majority of cases, and especially in examining the rarer mediums. Besides, ordinary percussion and isolated auscultation, if the finger and ear be sufficiently exercised, appear to suffice for all the exigencies of diagnosis." P. 161.

Peterson's Magazine for Ladies. This magazine makes a strong bid for the leadership of this species of literature. Its December number is very fine, containing a beautiful steel engraving, and a vignette title-page, also steel, which is a very fine specimen of the engraver's art. The publishers make great promises for 1867. They say, the Magazine "will be greatly improved: the reading matter will be increased, and each number will contain a DOUBLE-SIZE STEEL FASHION PLATE, ELEGANTLY COLORED, with from four to six figures—making 'Peterson' the cheapest in the world. The terms will remain two dollars a year to single subscribers." Address, post-paid, CHARLES J. PETERSON, 306 Chestnut street, Philadelphia.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, NOVEMBER 17, 1866.

A SPECIMEN OF BRITISH QUACKERY UNDER OFFICIAL SANCTION.

We have before us a specimen of British quackery issued under the sanction of government authority, and apparently supported by strong certificates of hospital, infirmary, and army physicians and surgeons, professors, etc. It is called "chlorodyne," and is recommended as a diaphoretic, anodyne, anti-spasmodic, sedative, diuretic, and astringent, and about thirty forms of disease, among which are neuralgic, febrile, heart, and head affections, renal and uterine diseases are named as particularly susceptible to its curative action! It is a strong stimulant mixture, chloroform being a chief ingredient. The medicine is to be "well-shaken, when taken," being an incompatible mixture. The *soi-disant* inventor of this wonderful cure-all calls himself a member of the Royal Chirurgical Society of London, etc.

Now, it is possible that all these titles and recommendations may have been forged. Such things are done by quacks in this country. We certainly would not have deemed this miserable quackery worthy of notice, but for the fact that *a bottle of this quack medicine was furnished to an American surgeon of an emigrant-ship by a medical man in Liverpool, holding the respectable position of Examiner of Surgeons under the Government, and Inspector of Emigrant-ressels.* A very inadequate supply of standard drugs was furnished, the learned Examiner seeming to feel that, armed with this stuff, our surgeon would be equal to any emergency that might possibly arise. Cholera, particularly, was expected to quail before it. "What," said our friend, "are the ingredients of this medicine?" "I don't know," was the reply, "but *it's good for cholera!*" It was useless for our friend to plead that he had never used medicines of whose composition he was ignorant. The official was inexorable—government provided it, and it was "good for cholera!"

We wish to inquire of our professional friends across the water, if they tolerate this sort of thing? Does the author of this quackery maintain his standing in the regular profession? Are those who sustain him in it by certificates, or by recommendations, even though they be in government employ, repudiated by all respectable practitioners? If not, we in America are a long

way in advance of you in our dealings with quacks and quackery.

THE POOR.

One of the problems that has never yet been satisfactorily solved, is the best method of caring for the poor. This class of mankind occupied a very large share of the attention of the Saviour of men when on earth. He chose his own station in life among them, and, we have reason to suppose, wrought as a mechanic, at least until he entered upon his public ministry. He specially commended the poor to his disciples, and to the church; and just in proportion as the principles of the religion that He taught have prevailed in the world, has systematic provision been made, in various ways, to supply the wants of those who, from one cause or other, would suffer without such provision.

Some one has divided this portion of the community into three classes—the Lord's poor, the devil's poor, and poor devils,—a very significant division that needs no explanation. A portion of all these classes come upon the public for support in some way or other. Many are quietly and unostentatiously aided by private or church benevolence, while others are compelled to seek refuge in public institutions. The growth of vice and immorality—the increase of drunkenness, that prolific source of all the evils that lead to, and are connected with poverty, are fast increasing the burdens entailed on the community by the necessity of supporting its poor, a vast majority of whom belong to the two latter classes named above.

The medical profession has always done its full share in its care of the poor. Many an hour every day is given by almost every physician in private attendance on the poor gratuitously. In addition to this, they have always been forward in aiding by their labors and their means in organizing hospitals for their treatment when sick, and in serving them without charge when in hospital.

There is one thought that we wish to urge upon our profession, and through them upon the community, in connection with the solving of this social problem, which it seems to us is worthy of consideration. Much is being nobly done, by some of our wealthy men toward elevating the poor, by providing them with decent, healthy habitations, at low rents. PEABODY, COURTS, STEWART and others, are accomplishing a work which will be the means of diminishing pauperism and crime, increasing the life and health-rate of the population, and thus

adding greatly to the wealth of the State. Comfortable, well ventilated, and healthy homes will have an elevating tendency, and the public owes much to these persons for their well-directed charity.

Another mode in which much can be done toward elevating the poor, and diminishing the general amount of pauperism is, *by providing them the necessities of life at a moderate cost.* The poor often pay from fifty to two hundred per cent. advance for the necessities of life, because they are compelled to purchase by the few cents worth; and they are often compelled to purchase inferior articles of food, clothing, etc., for want of means to make a more economical outlay. Food, particularly, is often thus purchased that is utterly unfit for use, and must be deleterious to health. The profits of the small groceries in the poor districts of our large cities are often enormous. At this time, for instance, when the best Irish potatoes can be purchased at \$1.00 per bushel, very poor, ordinary potatoes are sold by the small grocers at 25 cents the half peck. Other examples might be given, but let this suffice.

If some benevolent individual, actuated by the spirit that has induced A. T. STEWART to devote several millions of dollars to building houses for the poor in New York, would establish grocery stores in different parts of our city, each with a capital sufficient to provide all the *necessaries of life*, which should be sold to the poor who come endorsed by proper persons—the visitors, for instance, in this city, of the Union Benevolent Association—at an advance of say five per cent. on cost, or whatever may be sufficient, and that only, to prevent an absorption of capital, he would, in our view, do a vast deal toward elevating the poor, diminishing pauperism and crime, and adding to the health and longevity, and therefore to the wealth of the community. Will not some one make the experiment?

Notes and Comments.

District Medical Society of the County of Cumberland. New Jersey.

This Society held its regular annual session at Bridgeton recently. We are glad to learn that the Society is increasing in numbers and efficiency. A prominent topic of interest at the late meeting was the recent prevalence of cholera in the county, thirty or forty cases of a malignant type having occurred, of which about half proved fatal. With the exception of an occasional

case of dysentery, there has been little other sickness than cholera and choleraic diseases. Since the last annual meeting of the Society, an aged member—Dr. WILLIAM BELFORD EWING—has deceased. A short obituary notice of him will be found on another page.

Hospital for the Insane in Connecticut.

The Legislature of Connecticut having made provision for a new Hospital for the Insane, it has been located at Middletown, and a fine farm of two hundred acres, with a beautiful river and valley prospect, has been selected, on which to erect the buildings.

The Commissioners have unanimously selected for the position of Superintendent, Dr. A. M. SHEW, lately an assistant-physician in the State Lunatic Asylum at Trenton, N. J. Dr. SHEW was also, for six months, associated with us as Assistant in the Insane Department of the Philadelphia Almshouse, where he had unusual opportunities for observation and experience, which he diligently made use of, and gained the respect and good-will of all connected with the institution, whether managers, superintendent, nurses, or patients. The Commissioners of the new Connecticut institution have been fortunate in obtaining the services of a superintendent who is in every respect so well qualified to fill the position.

Ophthalmic Surgery.

We would call attention to the course of lectures on Ophthalmic Surgery just begun at the Wills Hospital, by Dr. LEVIS. This Hospital abounds in clinical material for giving a thorough course on all diseases and injuries of the eye, and there are abundant means of illustration, in instruments, drawings, models, etc. For a complete course on diseases of the eye, Wills Hospital cannot be excelled by any institution in the country.

Dr. LEVIS's lectures are given on Tuesday and Thursday evenings.

Tasteless Cod-Liver Oil.

Messrs. WARNER & Co., No. 154 North Third street, in this city, have shown us a specimen of what seems to be a very fine cod-liver oil, which we find, on trial, to be almost entirely devoid of taste and smell, and which is remarkably well tolerated by the stomach.

We would call the attention of any physician desiring an intelligent, competent, and reliable associate, to an advertisement headed "Wanted," in our columns.

Prepared Bran Flour.

Mr. J. W. SHEDDEN, of New York, prepares the bran flour as recommended by CAMPLIN for dyspepsia and diabetes, it being entirely freed from starchy ingredients. It is put up in tin cases of ten pounds each, for \$5.50, or in papers at 50 cents, with full directions for making into biscuit. See his advertisement.

ERRATA. In Dr. BANNING's article in REPORTER for Nov. 3d, p. 376, first column, *omit* lines 3, 4, and 5 from top. Same column, fourth line from bottom, for "the majority of," read, many. Second column, same page, second line from top, for "cause," read, course; ditto, fifth line from top, for "the same," read, some.

Page 377, second paragraph, third line from bottom, for "intra"-uterine, read, intro-uterine.

Correspondence.

FOREIGN.

DUBLIN, October 20th, 1866.
Cholera.

EDITOR MEDICAL AND CHOLERA REPORTER:

Since my last letter, cholera seems to be on the decrease in this city, although the death-rate has been higher for last week than for the week before. The death-rate for the past three weeks, ending September 29th, October 6th, and October 13th, has been 98, 81, and 98 respectively; this week, the reports so far are very favorable, showing decided decline in the cholera admissions into all the hospitals. It is curious how much the disease has been confined to several circumscribed localities. In Cook street, (misprinted Cork street in your impression of September 29th,) over one hundred cases were reported. In the suburbs at Haddington Road, Ball's Bridge, and Donnybrook, similar sudden and fatal outbreaks took place. Another serious circumscribed epidemic occurred in Duke street, a short, small, very dirty back street, in one of the best parts of the city. In this locality, twenty-five deaths occurred within a few days. In Haddington Road, the source of the epidemic seemed to be the use of the water of the Grand Canal for drinking purposes. In Donnybrook and Ball's Bridge, the cause of the disease seemed to be similar, as the drinking water, in both instances, was obtained from a small and dirty river, which flows through both those suburbs. In Duke street, a pump, from which a large number of the inhabitants in the street derived their drinking supply, seemed to be a source of the epidemic. All these instances confirm the idea now

so generally received, that the water-supply is the great source of danger when cholera is impending. The disease has spread to several of the better parts of London, having passed from the east end of the town toward the west, but as in that quarter there is not such a fertile soil for the propagation of epidemic diseases as in the eastern districts, we may consider that the worst is over.

The case of typhus fever and cholera in Cook street Hospital, under the care of Dr. GRIMSHAW, reported in my last letter as not likely to recover, has made a good recovery. The details of this interesting case will be found in the *Medical Press and Circular*.

Social Science Congress.

The Annual Social Science Congress has just terminated its labors for this year. The meeting was held at Manchester, and adjourned to Belfast for next year. Several matters of interest to the medical profession were referred to by these social reformers.

Perhaps the most interesting communication to our profession was the address of Dr. FARR to the health-section of the Congress. He stated that the rate of mortality in England varies from twenty to forty per thousand per annum. "If the rate of mortality in two cities is two per cent., and four per cent., the duration of life would be fifty years, and twenty-five years, respectively." Dr. FARR stated the rate of mortality for several countries, from which it appears that England, France, Sweden, Denmark, and Belgium have the same ratio of mortality—twenty-two per thousand. Italy was mentioned as especially bad, as to its death-rate. In other departments, the subjects of infanticide and dwellings of the poor, were discussed, but no new ideas of any importance seem to have been elicited on these points. In the discussion of infanticide several ladies joined; and it may be interesting to some of your readers to know that a Dr. MARY WALKER was one of the lady speakers on the occasion.

There was also a discussion on the pollution of rivers by sewage, which resulted in a resolution being passed, calling upon the legislature to prevent the refuse of towns being discharged into rivers. During the discussion, the question of earth-closets *versus* water-closets, was canvassed, and the result of the thorough investigation of this question was, that although earth-closets theoretically are better than water-closets, yet they would be quite impracticable in large towns, from the difficulty of obtaining the necessary amount of earth to work the closet effectually and safely.

Medical Practitioners in Great Britain.

I see, in your impression of September 29th, (just received,) that "it is stated there were 18,000 doctors of medicine (including surgeons?) in Great Britain." You are pretty near the truth, though not entirely so. There are 20,000 qualified medical practitioners in the United Kingdom. This includes medical men of all kinds, physicians, surgeons, and apothecaries. This number does not exactly represent the number of men actually in practice in these countries, as it includes the medical officers of the army and navy, many of whom are on foreign and colonial stations. It also excludes about 2000, who are practising, but not registered. This gives a ratio of about one medical man to every 1350 of the inhabitants. A comparison between British and United States statistics on this point, would be interesting.

T. W. G.

DOMESTIC.

Mixed Fevers.

EDITOR MEDICAL AND SURGICAL REPORTER:

My object in writing this paper for publication is to report the history of what appears to me to be four very extraordinary cases of concurrent intermittent and typhoid fevers.

The first case of this character occurred with my little nephew, four and a half years of age, and progressed as follows: On the 10th day of July last, after having been fretful and apparently slightly unwell for three or four days previously, he was seized, at 10 o'clock, A. M., with a well-marked chill. This was followed by a high fever, which, though it cooled down considerably, did not intermit entirely before the same time the day following, when he was attacked with another chill, equal in severity and duration to the first. These and the subsequent ones lasted about two hours. On the night of the first day, I gave R. hyd. chlo. mit., gr. vj.; pulv. rhei, gr. iv., at bed-time, which, not operating, was followed, on the second morning, by castor oil. On the morning of the third day, after his having the first chill, I gave quiniæ sulph., gr. iij. every two hours, commencing at 6 o'clock, A. M., and continuing to 10, A. M., at which time the third chill came on. The additional symptoms, which now began to manifest themselves, were so plainly of a typhoid character as not to be mistaken. Nevertheless, I kept up the quinia treatment between the paroxysms of fever, until the morning of the seventh day, in rather larger doses, however, which I was induced to do by the well-marked intermittent, or rather remittent

character of the attack. The periodical rigors, so well marked, continuing to recur daily, but coming on later every day, I changed my plan of treatment for the following, the attack now presenting the prominent and unmistakable characteristics of fully developed typhoid fever.

R. Ol. terebinth.,	f. ʒj.
Spts. æth. nit.,	f. ʒij.
Aquæ menth.,	f. ʒss.
Mucil. acac.,	f. ʒivss. M.

of which I gave a teaspoonful every three hours. Ordered warm poultices kept to abdomen and bowels, body to be sponged with tepid water once a day, and gently rubbed with mild chloroform liniment. There was but little alteration in the condition of the patient until the *twenty-third* day, each day bringing its rigor, which was followed by a remission when the rigors ceased, and immediately the typhoid symptoms began to improve, and the little fellow recovered rapidly.

This imperfect history describes the other three cases, with the exception of the difference in ages and the number of rigors or chills, the second and third cases being two little girls, aged respectively nine and eight years, the second one having fifteen chills, after the subsidence of which, her improvement and recovery was similar to my nephew's, and the third having twenty-one chills, and ending as the latter.

The fourth case, though somewhat different from the others, resembles them so nearly in the special features as to entitle it to rank with them. I was called to see Mrs. R., Front street, who is thirty-five years old, and the mother of nine children, four of whom are living. Found her suffering with stoppage of the menses, caused by getting her feet wet the evening previous, while "unwell." Prescribed for her, and was not sent for again until three days afterward. Called at 12, M., Sept. 20th, and was informed that she had had a "severe chill" about 8 o'clock in the morning, and was still suffering from effects of the stoppage. Finding, upon inquiry, that her bowels had moved plentifully, I ordered a warm hip-bath, to be followed, at night, with hot pediluvia, with DOVER' powder, gr. x., and on the following morning

R. Quiniæ sulph.,	gr. xx.
Piperin,	gr. iv.
Ol. sassafras,	gtt. x.
Ext. gentian.,	q. s.

to form mass, to be divided into six pills, one to be given every three or four hours. The directions were followed, but on the second day after the second visit she had another chill, and typhoid symptoms were plainly visible. She continued to have severe rigors or chills every

day for *twenty-seven* days, the same course of treatment being followed in her case as in the others, with the addition of other remedies, used to allay sick stomach, which obstinately continued throughout her attack, and which I attribute to the complication of the womb, as free blistering, which I resorted to after having tried sufficiently every other remedy within my knowledge, had no effect upon this troublesome complication whatever. The result of her case was similar to that of the others, viz., the termination of the rigors seemed to be the signal for the breaking up of the other disorders.

The main point of interest in these cases is the singular phenomenon of two dissimilar diseases running concurrent courses, and by far the most formidable disease seeming to be so intimately complicated with, and dependent upon or governed by the milder. Perhaps the *REPORTER*, or some of its many able contributors will be able to give an explanation.

M. CALVERT, M. D.

Meridian, Miss., Nov. 6th, 1866.

A Case of Procidientia Uteri.

The following description of a case of interest was communicated to Dr. THOMAS GALT, a prominent practitioner of Rock Island, Ill., and was by him sent to us for publication.—ED. MED. AND SURG. REPORTER.

Cordova, Ill., Dec. 14, 1865.

Respected Sir—Knowing the extensive practice you have had, and the interest you feel in diseases of women, I take the privilege of submitting, for your consideration, a very peculiar case of procidientia uteri.

Mrs. J., aged 32, a very respectable lady, was taken, sixteen years ago, with prolapsus uteri, which soon terminated in procidientia, the os uteri protruding externally almost three inches.

She married four years ago, and in due time conceived. The procidientia continued to about the fourth month, when it disappeared, to trouble her no more until after her confinement, when it again returned. Her health continued as usual for several months, when symptoms of pregnancy set in. She consulted her physician in regard to her condition, who decided that such was not the case, but to satisfy her friends more definitely, advised that her husband introduce an instrument into the uterus.

According to directions, he inserted a male syringe into the uterus, through the dilated and ulcerated os uteri, a distance of four inches. It did not seem to come in contact with anything, and the friends were then assured that she was not pregnant. But within two months she gave

birth to a female child, weighing three pounds. The procidientia had never disappeared during her term of pregnancy.

A short time ago, her husband, fearing that she was again pregnant, consulted me in regard to her condition, and informed me of what had taken place. It seemed impossible for me to give credit to his statement. But the fact of my knowing him to be a man of honor, and well-informed in medicine, influenced me in taking a greater interest than I otherwise would have done in investigating the case. I requested an examination, which was granted. Found the uterus external, with the os dilated to the size of a ten-cent piece, and badly ulcerated. I introduced a uterine sound, and discovered that she was not pregnant.

The indisputable facts of the case are these: She conceived without any appearance of her menses since her last confinement. She had procidientia uteri, with the os largely dilated and badly ulcerated, which continued during her whole term of pregnancy, and while in this condition, gave birth to a female child, weighing three pounds, which is alive and well.

The application of nitrate of silver is healing the ulcers, and HODGE's closed-lever pessary causes the uterus to retain its proper position, with great relief to her.

Will you be so kind as to give me your opinion of the case. I will report to you, from time to time, any peculiarity of the case that may occur.

Truly yours,

J. W. MORGAN,

[Late Ass't Surgeon 40th Iowa Inf.]

Spotted Fever.

EDITOR MEDICAL AND SURGICAL REPORTER:

In the *REPORTER* of Oct. 6th, is a well written article by Dr. JOS. ADOLPHUS, of Hastings, Michigan, commenting upon my reported cases of spotted fever, which were published in your journal of Sept. 1st. I think he fails entirely to appreciate the very grave character of those cases. I cannot think that he has seen, much less cured, many such cases. He claims to have been quite successful in treating the disease, his chief remedies being sulphite of soda and tincture of the green root of gelseminum. Now, with due deference to Dr. ADOLPHUS, I must say that the idea of curing such cases as we had to deal with here, with such remedies, is in my opinion simply absurd, particularly as in most of them the patients were unable to swallow in a very short time after the attack.

He thinks the disease a severe form of ty-

phus fever. It probably is produced by the same cause or causes upon which the different types of epidemic fevers depend, such as bilious, typhus, typhoid, etc. But these various fevers are regarded as *distinct* forms of disease.

If spotted fever is not a new form of disease, its manifestations, as witnessed here, were, to say the least, certainly very singular.

He admits the great discrepancy between it and typhus, both in its duration, and in the age of the persons it attacks. He asserts that it is not of an inflammatory character, says that autopsies reveal a congested condition of the meninges of the brain and spinal cord, but he omits to say that pus is also found upon those membranes, a fact I believe well established; and how is that to be accounted for, except from the presence of inflammation?

T. B. SMITH, M. D.

Cooperstown, N. Y., Oct., 1866.

The Contagiousness, etc. of Asiatic Cholera.

We would call attention to the following Circular, from Dr. WM. MARSDEN, of Quebec, and hope that it will be generally responded to.—ED. MED. AND SURG. REPORTER.

To the Members of the Medical Profession on this Continent.

GENTLEMEN: Having been unanimously elected delegate, for the third time, to the annual session of the American Medical Association, to be held in Cincinnati, Ohio, on the first Tuesday of May next, by the College of Physicians and Surgeons of Lower Canada, I beg to announce my intention to present a paper to the Association "*On the Infectious Character of Asiatic Cholera, its Portability and Communicability.*" With a desire to render it as full and complete as possible, I shall feel obliged to such members of the profession as may be pleased to furnish me with any facts sustaining these views, that may have come within their knowledge or under their observation, during the recent or any former visitation of the pestilence on this continent. Address until the first of April next,

"W. MARSDEN, M. D.,
Quebec, Canada East."

Will other medical journals please copy.
W. M.

— Six children of Mr. I. W. DEARBORN, of Hampton, N. H., died of diphtheria between the 19th of September and 1st of November.

— RICHARD M. ORDWAY, of Concord, has obtained a verdict for \$2091 against Dr. TIMOTHY HAYNES, for malpractice. The Doctor appeals to a higher court.

News and Miscellany.

— FROST, the Effingham murderer, has been acquitted on the ground of insanity, and sent to the Concord Asylum for life, "or until discharged by due process of law."

This is the course that should always be pursued when a murderer is acquitted on the ground of insanity.

— The news from India gets worse and worse. From the latest reports, it would seem that something like 2,000,000 of people have died of famine on the shore of the Bay of Bengal.

Army and Navy News.

NAVY.

List of changes in the Medical Corps of the Navy, for the week ending November 10th, 1866.

Surgeon R. T. Macoun, ordered to the U. S. Ship Susquehanna.

Surgeon T. W. Leach, detached from Naval Hospital, New York, and placed on waiting orders.

Surgeon M. Durall, ordered to the U. S. Ship Jamestown.

Past Assistant Surgeon D. McMurtrie, ordered to the U. S. Ship Susquehanna.

Past Assistant Surgeon Frank L. DuBois, ordered to duty on board the U. S. Ship Jamestown.

Assistant Surgeon Frederick Kreckler, detached from the U. S. Ship Jamestown, and ordered North.

Assistant Surgeon George A. Bright, detached from the U. S. Naval Academy, and ordered to the U. S. Ship Susquehanna.

Assistant Surgeon Joseph G. Ayres, ordered to the Naval Academy.

Acting Assistant Surgeon W. W. Godding, resigned.

ANSWERS TO CORRESPONDENTS.

Dr. A. C., Helena, Ky.—We can furnish you with a case of obstetric instruments, such as you mention, for \$25—perhaps a little less.

Dr. J. D. C., Henderson, Ky.—"Brahee Sugar" is a quack remedy, and a humbug of the first order, and the *London Lancet* should not have been misled by it.

MARRIED.

ANDERSON—ANDERSON.—In Janesville, Wis., October 31, Dr. Hiram Anderson, of Norwich, Chenango county, N. Y., and Miss Laura Anderson, of Whitewater, Wis.

BROWNFIELD—FLEMING.—October 18th, at the "Mountain City House," by Rev. J. H. Flanagan, Dr. J. H. Brownfield, and Miss Annie E. Fleming, all of Fairmount, W. Va.

CASSELLBERRY—PROTZMAN.—October 4th, at the residence of the bride's father, by Rev. J. H. Flanagan, Dr. M. L. Casselberry, and Miss Maggie Protzman, both of Morgantown, W. Va.

GRAYDON—TODD.—At Southport, Indiana, October 25, 1866, by Rev. Horace Bushnell, Jr., Dr. Robert G. Graydon and Miss Eliza B. Todd.

HYNDMAN—KELLY.—On the 1st inst., at the house of the bride's father, near Middletown, O., by Rev. T. M. McWhirly, Dr. T. E. Hyndman and Miss S. A. Kelly, all of Middletown.

LINCOLN—MOALE.—In Baltimore, October 30, at the residence of Dr. N. R. Smith, by Rev. Dr. Foley, Dr. Nathan S. Lincoln, of Washington, D. C., and Annie M. Smith, daughter of the late Col. Samuel Moale, of Baltimore.

WHITESIDES—LIPSCOMB.—October 25th, by Rev. R. Moore, Mr. Henry C. Whitesides and Miss Agnes, daughter of Dr. Thomas Lipscomb, all of Shelbyville, Tenn.

DIED.

ARTHURS.—On November 6th, at Pittsburg, Sue D., wife of Biddle Arthurs, M. D.

HORTON.—At Morrisania, N. Y., July 31st, 1866, Leontine, youngest child of Dr. H. L. and Josephine Horton, aged 1 year and 12 days. Also, at the same place, Oct. 19th, 1866, Joseph C. Horton, father of Dr. H. L. Horton, aged 77 years and 14 days.

MINTON.—In Brooklyn, November 9, Delia, only daughter of Dr. Henry and Mary B. Minton, aged 8 years, 1 month, and 13 days.

SHELDON.—In Boston, November 1, of consumption, Annie M., wife of Dr. L. R. Sheldon.

SWIFT.—In this city, on the 8th instant, Paul Swift, M. D., in the 73d year of his age.

OBITUARY.

William B. Ewing, M. D.

Dr. EWING was the son of Dr. THOMAS EWING, of Greenwich, a prominent physician of Cumberland county, once a Surgeon in the American Army in the war of the Revolution. He fell a martyr to the practice of his profession, which was too extensive and laborious for his constitution.

Dr. WILLIAM BELFORD EWING was born in Greenwich, Cumberland county, N. J., December 12, 1776. He was only six years old when his father died. His education, however, was not neglected. After pursuing the usual course of preliminary studies, he entered the junior class of the College at Princeton, and graduated in 1794. Having chosen the practice of medicine as a profession, he pursued his medical studies under the direction of Dr. NICHOLAS BELLVILLE, at Trenton, New Jersey, and attended medical lectures in the University of Pennsylvania, when Drs. SHIPPEN, RUSH, WISTAR, and other eminent members of the medical profession were professors in that celebrated school.

Being recommended by Prof. RUSH to a physician in the Danish island of St. Croix, for a partner in the practice of medicine, he went thither in the year 1797, and in that island, in the Island of St. Thomas, and as Surgeon in a British vessel of war, was engaged in professional practice for two years. He then returned to his native place, and practised medicine in Greenwich, with the respect and confidence of the community, till the spring of 1824, when he retired from the practice. He assisted in the formation of the Medical Society of the county of Cumberland, in 1818, and was elected an honorary member of the same in 1818. He was elected President of the Medical Society of New Jersey in 1824.

Dr. EWING, in addition to his professional business, served his country in several important civil offices. For twenty-one years he was a member of the Board of Chosen Freeholders. From the year 1819 to the year 1832, with the exception of two years, he was a member of the Legislature of New Jersey. He was a Judge of the Court, and for a time its presiding officer. In the year 1844 he was elected a delegate to the State Convention for forming a new Constitution.

He was for many years a member of the Presbyterian church of Greenwich; from the year 1836, till his death, a Ruling Elder of the church, and for fifty-three years a Trustee of the congregation.

For several years previous to his death he was so feeble as to be disqualified for any kind of business, and the formation of cataract in both eyes deprived him of sight. During these days of feebleness and darkness, he was sustained and cheered by the affectionate attentions of his family and friends, and consoled by that religion which can sustain those who possess it under the heaviest calamities, and when all other sources of comfort fail. The sun of his long life had a calm and serene setting. He died, in the faith and hope of the Gospel, on the 23d day of April, 1866, in the 90th year of his age.

METEOROLOGY.

October,	29,	30,	31,	N. 1.	2,	3,	4,
Wind.....	S. E.	S. W.	W.	W.	S. W.	S. W.	N.
	Cl'dy.	Cl'dy.	Clear.	Clear.	Clear.	Clear.	Clear.
Weather.....	Rain.						
Depth Rain.....	2.5-10						
Thermometer.							
Minimum.....	40°	50°	35°	28°	35°	39°	37°
At 8 A. M.....	60	61	53	39	46	48	46
At 12 M.....	66	62	53	49	52	55	48
At 3 P. M.....	65	62	62	50	54	56	54
Mean.....	57.75	58.75	48.25	41.50	46.75	49.50	46.25
Barometer.							
At 12 M.....	30.1	29.7	30.1	30.3	30.4	30.5	30.5
Germantown, Pa.	B. J. LEEDOM.						

PHILADELPHIA

SUMMER SCHOOL

OF

MEDICINE.

No. 920 Chestnut Street, Philadelphia.

ROBERT BOLLING, M. D.

JAMES H. HUTCHINSON, M. D.

H. LENOX HODGE, M. D.

EDWARD A. SMITH, M. D.

D. MURRAY CHESTON, M. D.

HORACE WILLIAMS, M. D.

The Philadelphia Summer School of Medicine will begin its third term on March 1st, 1867, and students may enjoy its privileges without cessation until October.

The regular Course of *Examinations* and *Lectures* will be given during April, May, June, and September.

FEE, \$50.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, and in Practical Obstetrics. They will be enabled to examine persons with diseases of the Heart and Lungs, to attend women in confinement, and to make microscopical and chemical examinations of the urine. The class rooms, with the cabinet of *Materia Medica*, Bones, Bandages, Manikins, Illustrations, Text-books, Microscope, Chemical Reagents, etc., will be constantly open for study.

SURGICAL DISEASES OF WOMEN. A Course of Lectures will be delivered by H. LENOX HODGE, M. D., on Displacements and Flexions of the Uterus; Inflammation of the Uterus; Polyp; Fibrous Tumors and Cancer of the Uterus; Inflammation of the Ovaries; Tumors of the Ovaries; Ovarian Dropsy; Sterility; Vesico-Vaginal and Recto-Vaginal Fistulae.

PERCUSSION AND AUSCULTATION in Diseases of the Lungs and Heart will be taught by JAMES H. HUTCHINSON, M. D., by Lectures, and by the Clinical Examination of patients.

WINTER COURSE OF EXAMINATIONS will begin with the Lectures at the University of Pennsylvania in October, and will continue till the close of the session.

Candidates for admission to the Army or Navy, and those desiring promotion to a higher grade, may obtain the use of the Class Rooms, and be furnished with private instruction.

Fee for Office Students (one year), \$100.

Fee for one Course of Examinations, \$30.

Class Rooms, No. 920 Chestnut St., Philadelphia.

Apply to

H. LENOX HODGE, M. D.,

479-530*

N. W. corner Ninth and Walnut Streets.

NOV 2 1866

Office of THE NATION, 130 Nassau St., N. Y.
November 15, 1866.

One week after the *first day of July*, 1867, they will pay a premium of

\$1000.

[1]

FOR SALE.—The residence and good will of a large practice of a physician, residing in the pleasant village of Broadway, N. J., with excellent country practice connected therewith. The office attached, and all necessary outbuildings, with five acres of the best of land, with fruit, etc. Possession given immediately. P. G. CREVELING, M. D.

503—

FOR SALE.—The residence, farm, and good-will of a large practice of a physician, residing in a very pleasant vicinity, at the foot of a small village, lying on a turnpike leading direct from Philadelphia into the country, within a three hours' drive of the city, and within an hours' ride of three railroad stations on railways leading direct to Philadelphia, and connected with the city by a daily coach line from the principal railroad station through the village into the country and towns west of here. The practice is worth over \$1800 a year—all collectable—and by a man of proper medical qualification, and good business tact, it can be largely increased. The farm contains 26 acres of land, all under good fences, and in a prime state of cultivation. The improvements consist in a fine T-shaped stone dwelling, good large barn, with all necessary out-buildings. Reason for selling—a desire to go west. Possession given at any time between this and spring. Address this office. 502—5

THE WILLS OPHTHALMIC HOSPITAL.

Race Street, between 18th and 19th,

OPPOSITE LOGAN SQUARE, PHILADELPHIA.

A COURSE OF LECTURES ON OPHTHALMIC SURGERY

Will commence on Thursday evening, November 1st, at 8 o'clock, in the Lecture-room of the institution.

The course will embrace the most important and practical subjects of Ophthalmic science, including the *Anatomy of the Eye*, the *Physiology of Vision*, *Ophthalmoscopic Diagnosis*, *Defects of Vision*, and the *Pathology and Operative Surgery of the Eye*.

The Lectures will be made demonstrative with abundant material for illustration by dissections, models, drawings, and optical apparatus.

In addition to the evening didactic course, the Operative Clinics of the Hospital, held every Wednesday at 12, M., will present an extended field for observing the Operative Surgery of the Eye; and opportunities will be given to individual members of the class for making Ophthalmoscopic Diagnosis at the general clinics, every Tuesday and Friday at 11, A. M.

FEE, TEN DOLLARS.

R. J. LEVIS, M. D.,
Surgeon, Wills Hospital,
No. 1104 Arch Street,
Philadelphia.

499 t.f.

LOCAL ANÆSTHESIA AND ATOMIZA- TION OF LIQUIDS.

Will be sent by mail when requested, a pamphlet on "Atomization of Liquids," and Thudichum's method of treating Catarrh. By distinguished medical authority, with description of apparatus for these purposes, and for producing Local Anæsthesia by freezing with Rhigolene, as described by Dr. BIGELOW of Boston; or with Ether, as employed by Dr. RICHARDSON of London. Our apparatus for Local Anæsthesia freezes the flesh in from two to ten seconds when used with Rhigolene, and in about one minute with pure Sulphuric Ether.

The following is an extract from a note from Dr. J. H. BIGELOW:

"I have thus far found nothing better for freezing with Rhigolene than the tubes made by you after the pattern I gave you, and which I still use with your other apparatus."

Price of Apparatus for Local Anæsthesia..... \$6 00
Rhigolene, per bottle..... 1 00

Also,

LARYNGOSCOPES,
OPHTHALMOSCOPES.

HYPODERMIC SYRINGES,
and SURGICAL and DENTAL INSTRUMENTS of every description.

CODMAN & SHURTLEFF,
13 & 15 Tremont Street,
Boston, Mass.

498

BROOKLYN, N. Y.

The Eighth Course of Lectures in this College will commence on the 1st of March, 1867, and continue until July.

The means for *demonstrative teaching* furnished by the in-door and out-door departments of the Hospital, and for the practical study of anatomy, continue to be ample. Prof. ARMOR, of the Michigan University Medical School, has accepted a professorship in this institution. This addition to the number of eminent teachers connected with the College, the rearrangement of some of the chairs, and the recent enlargement and improvement of the lecture-rooms, are evidence of a determination to furnish students with unsurpassed facilities for acquiring professional knowledge.

COUNCIL.

T. L. MASON, M. D., Pres. Col. Dept.
C. L. MITCHELL, M. D., Secretary.
W. H. DUDLEY, M. D., Registrar.
GEO. MARVIN, M. D.

FACULTY.

AUSTIN FLINT, Sr., M. D., Professor of Principles and Practice of Medicine, Practical Medicine, and Pathology.

FRANK H. HAMILTON, M. D., Professor of Surgery, Fractures and Dislocations, and Military Surgery.

JOSEPH C. HUTCHISON, M.D., Professor of Operative Surgery.
DE WITT C. ENOS, M. D., Professor of General and Descriptive Anatomy.

EDWIN N. CHAPMAN, M. D., Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.

AUSTIN FLINT, Jr., M. D., Professor of Physiology and Microscopic Anatomy.

DARWIN G. EATON, M. D., Professor of Chemistry and Toxicology.

WILLIAM GILFILLAN, M. D., Professor of Surgical Anatomy.

SAMUEL G. ARMOR, M. D., Professor of Therapeutics, Materia Medica, and General Pathology.

GEORGE K. SMITH, M. D., Demonstrator of Anatomy.

LUCIEN DEMAINVILLE, M. D., Assistant to Professor of Surgery.

ROBERT NEWMAN, M. D., Assistant to Professor of Operative Surgery.

O. H. SPARROW, M. D., Assistant to Professor of Medicine and Pathology.

ALEX. J. C. SKENE, M. D., Assistant to the Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.

C. F. ROBERTS, M. D., Assistant to Professor of Physiology. The fees of this College are raised in common with those of the Colleges in New York, Philadelphia, and Boston.

Tickets for the full Course..... \$140

Matriculation..... 5

Demonstrator's ticket..... 5

Graduation fee..... 25

Further details respecting the methods of instruction and the ample opportunities for the study of diseases will be contained in the Annual Circular soon to be issued. For the Circular, address any member of the Council or Faculty. 505—522

UNION MUTUAL LIFE INSURANCE COMPANY,

OF MAINE.

INCORPORATED 1848.

Director's Office, 80 WASHINGTON STREET, BOSTON, MASS.

HENRY CROCKER, *President.*

W. H. HOLLISTER, *Secretary.*

Philadelphia Office, 129 SOUTH SEVENTH STREET.

ASSETS..... \$1,842,320 29

PAID LOSSES BY DEATH..... 948,292 00

DIVIDENDS PAID..... 435,722 00

16 Annual Dividends,

AVERAGING FORTY PER CENT.

Have been made.

All profits are divided among

POLICY HOLDERS.

Active and efficient agents wanted throughout the State.

PERCY B. SPEAR,

Agent and Attorney,

129 South Seventh Street.

498—524

A PRACTICAL MEDICAL JOURNAL.
THE
MEDICAL RECORD,
A Semi-Monthly Journal of
MEDICINE AND SURGERY,
Edited by GEO. F. SHRADY, M. D.

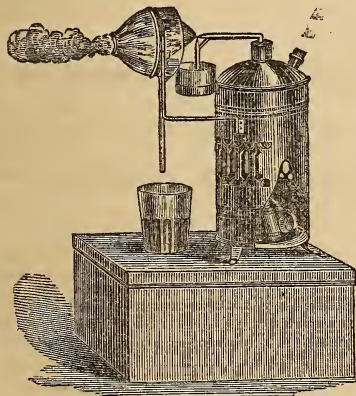
Terms, Four Dollars Per Annum, in Advance.

THE MEDICAL RECORD is published promptly on the 1st and 15th of each month, a number consisting of twenty-four super-royal octavo pages, double columns, making one large, handsome volume, of nearly *six hundred* pages every year. Each number contains *Original Articles* from the first men of the country in their respective departments, *Reports of Lectures, Societies and Hospitals*; an account of the *Progress of Medical Science* throughout the world; *Medical News, Notices of Books, New Instruments, Editorial Articles*, etc., etc. Able short-hand reporters are engaged upon the Lecture Department of the paper. Whenever articles require it they are illustrated by finely engraved wood-cuts, adding much to the value and appearance of the journal. The Medical Record is intended to be thoroughly *Cosmopolitan* in its character, representing the interests of the profession in all parts of the country. It is entirely independent of all parties or cliques. Its object is to present to the profession a faithful record of the existing state of medical science in every one of its many departments; and as it is more especially intended to meet the wants of the general practitioner, all the different articles published in its columns are thoroughly practical in their character.

WM. WOOD & CO., Publishers,
NEW YORK.

SEND FOR A SPECIMEN.

505 eow. 520



THE NEPHOGENE.

The most compact, complete, and *cheapest* steam apparatus yet devised for atomizing medicated fluids for inhalation.

Securely packed for transportation in a metallic box, which also serves for a stand when the instrument is in use, and obviates the necessity of any additional fixtures. Can be used with any kind of atomizers.

Sent by express, on receipt of the price, to any part of the United States and Canada.

Price, \$10. Extra Face Protectors, \$1.00.

Every instrument will be thoroughly tested and warranted perfect in every respect.

"MASSACHUSETTS GENERAL HOSPITAL,
Boston, June 11, 1866.

WILLIAM READ, M. D.:

Dear Sir—The apparatus for atomizing medicated fluids for inhalation, arranged under your direction, has been used for some time in the hospital with entire success. It is perfectly safe, compact, and easily applied. I take pleasure in saying that it is the simplest and most convenient atomizer I have ever yet seen.

Yours very truly,

BENJAMIN S. SHAW, M. D.,
Resident Physician and Superintendent,
Massachusetts General Hospital.

WILLIAM READ, M. D.,
878 Washington Street,
Boston, Mass.

SAMUEL S. WHITE (Successor to Jones and White), manufacturer of PORCELAIN TEETH and DENTISTS' MATERIALS, Gold and Tin Foils, Dental Instruments, Gold and Silver Plate-operating Chairs, Corundum Wheels, Lathes, Furnaces, Rolling-mills, Blow-pipes, and all other articles used by the profession. **SURGICAL INSTRUMENTS**, of the best quality, in cases or single, as may be desired, supplied to order, consisting of Lithotomy, Amputating, Trepanning, Obstetrical, and Dissecting Instruments. Catalogues sent on application. Also, publisher of the

DENTAL COSMOS: A Monthly Record of Dental Science. Devoted to the interests of the Profession. Edited by J. H. MCQUILLER, D. D. S., and Geo. J. ZEIGLER, M. D. Terms, per annum, in advance, \$2.50. Specimen numbers sent on application.

Depots—523 Arch Street, Philadelphia; 658 Broadway, New York; 16 Tremont Row, Boston; 102 Randolph Street, Chicago. 345

THE CONNECTICUT MUTUAL LIFE INSURANCE COMPANY

IS THE LARGEST IN AMERICA.

It has the largest amount insured.
It has the largest surplus.
It has the largest income.
It has the largest business.
It has the lowest average expenses.
It obtains the highest rate of interest on its investments.
(See *Massachusetts Insurance Reports*.)

It therefore affords Life Insurance at less cost than any other Company

DIVIDEND OF 1866,

(NOW BEING PAID.)

SIXTY PER CENT.

All Policies issued by this Company are either

NON-FORFEITABLE

by their terms, or may be converted into those which are non-forfeitable, at the option of the insured.

WALTER H. TILDEN, Agent,
404 Walnut Street,
Philadelphia.

472—501*

STRUMATIC SALT,

From Mineral Springs, containing

IODINE AND BROMINE,

MANUFACTURED BY THE

PENNSYLVANIA SALT MANUFACTURING
COMPANY.

We would bring to the notice of physicians the virtues of
STRUMATIC SALT,

in the treatment of Scrofula and other kindred diseases.

It contains a considerable amount of Iodides and Bromides—combined with other salts—such as Chloride of Magnesium, Iron, Potassium, Sodium, and used in the form of baths, becomes a very acceptable substitute in diseases where their internal use is contra-indicated.

The Salt is prepared from the menstuum of Salt-wells of the Pennsylvania Salt Manufacturing Co., and every attention has been given to their purity.

The application of Strumatic Salt Baths is especially to be suggested in enlarged glands, and in that depraved condition of blood in which an alterative and tonic treatment is so much needed; in Rheumatism, it is especially adapted, in tertiary syphilis, cutaneous diseases, and diseases of the bony structure.

Depot for the sale of the Strumatic Salt, at
320 Race Street, Philadelphia.

For sale by
—453—504

H. CRAMER.

THE MICROSCOSM.

An Address delivered before the Medical Society of New Jersey at its Centennial Meeting at New Brunswick, in January last, by the President of the Society, ABRAHAM COLES, M. D., of Newark.

This meritorious poetical effusion has been issued in elegant style, making it a handsome and particularly appropriate ornament for the physician's centre table.

For sale at this office.—Price, \$1.75. [492—tf x.

THE MEDICAL AND SURGICAL REPORTER.

No. 508.]

PHILADELPHIA, NOVEMBER 24, 1866. [Vol. XV.—No. 21.

ORIGINAL DEPARTMENT.

Communications.

SOME REMARKS ON THE CHOLERA AS IT APPEARED IN CLINTON, IOWA.

By P. J. FARNSWORTH, M. D.

An old physician once remarked to me, "They may tell you of seeing cholera every season, and of knowing no difference between it and cholera morbus, and that it is a disease of common occurrence, but let me tell you that when you see genuine epidemic cholera, you will see a new disease, or one that you have never yet seen."

After a practice of ten years, I did not fail to recognize a case of Asiatic cholera, when lately called to see a patient who had, to me, a new form of disease. It brought to mind the old doctor's remark. It so completely answered the old description that I am at a loss to see the reason why there should have been any dispute about it in the earlier part of the season. Several reasons are to be given for the ambiguous reports made public. The dread of losing trade, and of submitting to sanitary regulations, and the petty pride of the profession, which leads many otherwise well bred and well educated physicians to ill-naturedly sneer at and discredit the reports of other professional men. Because they have seen no cases, or have none in their practice, forsooth there is no such thing anywhere.

The situation of our town is not very favorable for health, being built on the alluvial soil of the Mississippi, a little above high water. By the rapid growth and hasty extension of streets and alleys, the natural drains are stopped, and artificial ones not yet made. The heavy rains of July and August filled every hollow with water. In spite of all this, and of a rapidly increasing population from the east, and from the old countries, the general health of these western cities was remarkably good. It may be safely said, that in proportion to the numerous stench, Chicago is the healthiest city in the world. This is also true of most of these western cities, owing

in a great measure to a prevailing west wind, that comes from the Rocky Mountains, over the arid plains, taking up and dispersing a thousand miasmatic vapors.

The cholera had been prevailing to an alarming extent in St. Louis, and there were a few cases reported in Chicago. We are in direct communication with both these places—one by river, and the other by rail. In seasons of epidemic influence, the river boats are crowded with passengers flying from infected places, and become regular pest-houses. Cholera made its appearance on the river boats in July, and passengers died and were buried on every island and sand-bar from New Orleans to St. Paul. These passengers carry the disease to every landing, and are often landed to die, as did one here.

There was no evidence of direct communication with any of those who had cholera, but it might easily have been, so that we have no positive evidence for or against the portability of cholera, except that people were every day landing, who had been in communication with cholera.

I was called, Saturday evening, Sept. 1st, to see the wife of a very respectable man living in the second story of a tenement-house. Found her vomiting and purging moderately. The diarrhoea commenced in the morning, was painless, and not at all alarming until eight o'clock, when there were cramps in the muscles of the legs. Feet and legs were becoming cold, as were the hands and forearms. The vomiting was not very severe, and the discharges not often, but were copious. The vomited matter and the evacuations were like meat-broth or dish-water, conveniently called "rice-water discharges." The vomiting was without any effort. After lying for some time quietly, she raised up her head and ejected a large quantity of the liquid from the stomach over the bed to the middle of the room. Commenced treatment by giving half a grain of morphia dry upon the tongue. Ordered frictions to the limbs and warm applications. Next gave a mixture of chloroform, camphor, and morphia. R. Chlo., gtt. xx., camph., gr. iij., morph. acet., gr. ½. The coldness increasing, and the cramping of the muscles of the legs and abdomen becoming

excruciating, injected under the skin of the abdomen a fourth-grain of morphia.

This seemed to give immediate relief. The patient fell into a sweet sleep, and seemed to grow slightly warmer. The pulse became a little fuller and slower. It was only for a short time. The coldness became general, the discharges from the bowels copious, the features shrunken, the voice shrill, the body bathed in perspiration, the breath cold to my hand. The cramp, however, did not return. The senses were rather blunted with a calm indifference to everything. The patient, in lying on her back, had quite a hollow at the pit of the stomach. This cavity I noticed full of water from the perspiration. The pulse became less and less, until it could not be distinguished. The patient lingered thus from twelve until three in the morning, and died.

After the body was laid out, considerable warmth seemed to return, so that the friends requested me to examine the body, to see if life was actually extinct.

Sunday morning, the parents of four children, residing in the same house, went to church, leaving the children at home. On their return, two of the children, aged six and eight, were found in a state of collapse, and died at 2, P. M.

A grocery man, three houses beyond, heard that a case of cholera had actually occurred, and without any preliminary diarrhoea, began to have cholera discharges, and was in a state of collapse in an hour, and died in three hours from the first attack. In this house a lady had had diarrhoea for several days, and on Sunday morning had an increase of it, which was of the choleraic character, and she died toward Monday morning. A man in this house was attacked, but did not go into collapse, but lingered along through the day, then slowly recovered.

We had no more cases then until Thursday, when the father of the two children who died on Sunday was attacked. He had just moved to another part of the town, and since the death of his children had been for most of the time intoxicated. His symptoms were similar to the case first described. He lived eight hours from the first onset of the disease.

The wife was heart-broken at their misfortunes, and on Friday morning vomited once, but had no discharge. Her extremities commenced getting cold. The neighbors asked the privilege of doing something for her. This was readily granted. They gave here a mixture of tr. opii, and capsici, and applied friction and hot applications. I saw the patient frequently during the day. There had been but little vomiting, and no alvine

evacuations; the coldness however in spite of hot blankets crept up to the body, and the pinched and shrunken appearance of the features and skin appeared. The coldness of the body was greater than that of the surrounding air. If an arm was put out from under the blanket, where it was warmed by the surrounding heat, it became cold in an instant. There was no cramp, and no complaint of pain whatever. The abdomen became full and tense, showing that the fluids had accumulated there. Death ensued in six hours from the first onset.

Another case occurred in another part of the town about ten days after this, September 15th, with the same symptoms.

After that we saw no more of it or anything that looked like it.

There had been much rain, but the weather became fine, vigorous sanitary measures were instituted, lime was spread over the town lavishly. Chloride of lime was used everywhere. There was prevailing an intermittent or continued fever, to quite an extent, but that soon subsided, and the town became remarkably healthy in a very short time, and has so continued.

My conclusions are that we had cholera here, that there were no special local causes for it in the places where it occurred; that it is a disease unlike any other, and is totally unlike malignant diarrhoea or cholera morbus, and that it has prevailed very severely in many western localities. It seems to be a filtering away of the watery parts of the blood, both from the intestines and also from all the pores of the body, and that when collapse comes on, the blood is usually too thick to flow.

I did not have opportunity of trying many remedies, but feel assured that the precautions that people took in the way of cleanliness and remedies for diarrhoea prevented the further spread of the disease, and the prevalence of other diseases. Another inference is, that there are no remedies that are yet known that will cure it, unless it be those that are useful for the usual premonitory diarrhoea.

Above is the history of one epidemic. My conclusions may be hasty. My notes of the cases are quite full, as I had time to observe all there was worth noting. They do not differ from the observations heretofore made. We expect from previous experience a repetition of the disease next summer; expect to combat it by cleanliness and attending to any disease that may look like cholera at its onset.

CASE OF PLEURITIC EFFUSION—PARACENTESIS THORACIS—PNEUMO-HYDROTHORAX—DEATH—AUTOPSY.

By JAMES B. BURNET, M. D.,

House Physician at Bellevue Hospital, New York.

James Conlan, 26 years of age, a single man, and a native of Ireland, was admitted to Ward 14 of Bellevue Hospital, on September 10th, 1866. Of himself he gave the following history: His parents, brothers, and sisters are healthy, and there is no known hereditary predisposition to disease in the family. He himself has always been a healthy man up to the present attack of sickness. He has been employed as a clerk in a grocery store, where liquors were also sold, and he has been in the habit of indulging himself pretty freely in them. About ten weeks ago he began to complain of general weakness, and a loss of appetite. A pain appeared in his right side, which was inconstant for about two weeks, and then disappeared. In the course of a week he was obliged to give up business, and in another week betook himself to bed. Vomiting, especially in the morning, troubled him. He remained in bed, lying constantly on his right side, as it greatly increased his cough and dyspnoea, which had now appeared, if he attempted to lie on his left side. His cough was short and harsh, without any expectoration. Just before he took sick he had been exposed a good deal to the cold and wet, and had a good deal of pain from a stitch in his side. When he came in he presented the following appearance: His face had the appearance of a man seriously ill. It was anxious and pale. He was bathed in a profuse perspiration. He was suffering from considerable dyspnoea. His hands trembled when held out, and he was obliged to stop and take breath in the midst of his sentences. He had also the bloated look of a dissipated man. His pulse was feeble, rapid, and small. He was very weak, and hardly able to sit up in bed without support. Nothing abnormal about the tongue. On exposing the chest, the right side was seen to be much larger than the left. The intercostal spaces were obliterated and somewhat bulging; the side did not expand on inspiration; on *percussion* perfect flatness was found over the entire lung, and, on *auscultation*, we failed to hear any respiratory murmur. The heart was pushed out of its place, the apex beating far to the left of the left nipple. On the left side, loud sonorous and sibillant rales were to be heard, and, indeed, they were so intense as to be felt through the thoracic walls. Nothing abnormal about the abdomen; no œdema of the lower extremities. Heart's sounds were healthy, but

feeble. Urine, tested chemically and microscopically, and found to be healthy. Bowels were regular.

The *diagnosis* was made of pleuritic effusion on the right side, filling completely the entire pleural cavity, and of intense bronchitis on the left.

The *treatment* commenced was potassæ acetat., ʒvi., in the course of the twenty-four hours, mixed in one quart of lemonade; a wineglassful of inf. columbæ, three times a day, with ten drops in it of dilute nitric acid, as a tonic. He also was fed with milk, eggs, beef-tea, whisky, and whatever of nutriment could be obtained. For two or three nights, when he could not sleep, I gave him about fifteen grains of potassii bromidi, with the desired result. His left side, where was the bronchitis, was painted over with the following:

R. Olei tiglli, f.ʒi.
Olei terebinth., f.ʒi. M.

Sufficiently often to keep up a brisk counter-irritation. His dyspnoea was intense. Fortunately the bronchitis was soon reduced, and for a week or two the man seemed much better, although by physical signs, no change had taken place in his right side. Soon, however, he began to sink, he daily became weaker and weaker, and it was almost impossible to get him to partake of any nourishment. Upon a consultation between Drs. FLINT and McCREADY, paracentesis thoracis was decided upon, and performed on October 2d, at 10.30, A. M., by Dr. FLINT. After five pints of a clear transparent serous fluid were drawn off, the man complained of a severe pain in the right side, similar to a constriction, and consequently it was deemed expedient to draw no more. In a few moments the man's breathing was much improved, the flat note of percussion had disappeared, and a beautiful respiratory murmur could be detected. The sense of constriction lasted one hour, and then he felt exceedingly comfortable, but very weak.

Oct. 2d, 3.45, P. M. Easy, but suffers from a sense of great prostration. Ordered extra whisky, eggs, and milk.

Oct. 2d, 6, P. M. More comfortable. When he moves, he says that he can hear and feel the water splashing in his side. Ordered him a dose of sol. sulph. morphiæ for the night.

Oct. 3d. Has passed a comfortable night. Feels better. Breathing has improved. Pulse somewhat stronger. The following prescription was ordered

R. Pulv. digitalis, ʒss.
" scillæ, ʒj.
Hydr. chlor. mit., gr. vj. M.

Divide in pil. no. x. S. One each night.

Oct. 5th. Still very feeble.

Oct. 7th. Does not seem to rally well. Is very weak. Appetite poor. Pulse very feeble. Bronchitis has returned to left lung. Percussion gives a pulmonary resonance on the right side, but the respiratory resonance is feeble, and as it were at a distance, and sharp sibilant rales are heard here for the first time. *Prognosis* exceedingly unfavorable.

Oct. 9th. Upon practising succussion this morning, a splashing sound is heard on the right side, and pneumo-hydro-thorax is diagnosed. The man is daily sinking. It is with difficulty that he can be induced to take his nutriment.

Oct. 10th. About the same.

Oct. 19th. Percussion still tympanitic. On auscultation by succussion, the splashing sound is still very perceptible. There has been no very marked change in his general condition since the 9th of October. Bowels are regular, and he passes a normal quantity of urine.

Nov. 2d. About the same. Grows weaker very slowly. No appetite whatever. Fluid has not apparently gained any ground. Percussion is extremely tympanitic.

Nov. 3d. The left lung has long been performing the work of the two, and still continues to be affected with a severe bronchitis. The patient can be said barely to live, and that is all. It is wonderful how his life lingers. He lies constantly upon his right side, from which fact has arisen much œdema of the right side of his face and thorax. He suffers a good deal, especially with his labored breathing.

Nov. 6th, 8.15, P. M. Has just died very quietly.

Post Mortem. A post mortem examination was made, eighteen hours after death, with the following results.

On opening the *thorax*, a considerable amount of gas escaped from the right pleural cavity. This sac contained one gallon and a half of a dirty-brown purulent fluid. The lung was greatly compressed against the vertebræ, being about the size of a large fist. The costal and visceral pleura was greatly thickened. The left pleural sac contained one pint of sero-lymph. On the surface of the left lung were several tubercles, which seemed to be starting-points for the inflammation. The pericardium contained a small amount of sero-lymph, and there was a little lymph on the heart. Otherwise it was normal, except that it was pushed far to the left by the effusion.

Abdomen. The peritoneal sac contained a considerable amount of sero-lymph. Miliary tuber-

cles were scattered over the omentum and mesentery. There were also a few on the peritoneal surface of the spleen and liver. The liver was pushed down so that its upper border only reached the tenth rib. The convex surface, right lobe, was adherent to the diaphragm and abdominal wall. Otherwise it was normal. The spleen was adherent. The weight of the kidneys was seven ounces and a half. Slight pyelitis. The left kidney contained several small deposits of yellow tubercle, both in the pyramidal and cortical portions. The right kidney only contained one or two small deposits. The brain was not examined.

SURGICAL CASES FROM McCLELLAN MILITARY HOSPITAL.

REPORTED BY W. LEHMAN WELLS, M. D.,
Of Philadelphia.

Phlebitis following Gun-Shot Wound.

S. J. B., private, Company G, 11th Pennsylvania Cavalry, aged 25. Admitted August 29th, 1864, to McClellan Hospital. Wounded August 25th, at Weldon rail-road, by a minie ball, which entered the buttock, (left side,) and passed out at the lower scrotum on the same side, without injuring the testicle. Very great swelling of scrotum. Two abscesses formed in it, and half of the envelopes of the left testicle sloughed away. On account of a tendency to bed-sores, a water-bed was used a few days after admission.

Sept. 5th. Patient was attacked with pneumonia of lower lobe of right lung, which was ushered in with a violent chill and great difficulty of breathing. Dry cups, freely applied, and a warming plaster placed on the chest,—his prostrate condition forbidding depletion. The oppression remained very great for two weeks, when it began to lessen, leaving, however, flatness on percussion on the lower part of the right side of the chest.

Sept. 25th. Very great œdema of both legs, especially on the right side. Excessive tenderness of left foot.

Oct. 4th. Tension of the skin of the inferior extremities a little diminished. A firm bandage is placed on the swollen parts. He still has considerable dyspnoea.

Oct. 6th. Much better; he is able to sit up a little.

Oct. 8th. At 12, M., a violent chill, the skin remaining warm, except the tip of the nose, which is very cold.

Oct. 9th. Very severe diarrhoea suddenly made its appearance, with some dysenteric symptoms.

Oct. 14th. A violent attack of pain in the abdomen, accompanied with an involuntary discharge from the bowels. After this the diarrhoea lessened.

Oct. 15th. The edges of the wound of the scrotum have united. It is still dull on percussion over the lower part of the right lung.

Oct. 20th. Less dyspnoea; oedema of legs diminishing.

Oct. 24th. Left leg partially paralyzed; pain in it increased. From this time the symptoms gradually improved, and the oedema of the right leg disappeared entirely. He began to walk with the help of crutches about December 1st, at which time he had a slight cough.

Jan. 7th. Attacked with erysipelas near the middle of the left leg, which passed away in a few days. His left leg is still partially paralyzed, and a little oedematous. From this time there was very little change until he was discharged, February 2d, 1865.

The remarkable features in this case were, 1st, the excessive tenderness of the left foot, followed by paralysis of the whole limb; indicating injury to the great sciatic nerve, by extension of inflammation from the track of the wound, which must have passed very near the point of exit of the nerve from the sacro-sciatic notch.

2d. The oedema of the legs which indicated inflammation of the femoral veins, and which, (followed as it was by a violent chill,) gave rise to fear of pyæmia. And,

3d. The succession of very severe attacks, each of which brought him to the verge of the grave; first sloughing of scrotum, then pneumonia, phlebitis and dysentery; so that his life was continually in imminent danger for a period of six weeks.

Case of Gunshot Fracture of Pelvis.

James Strunk, private, Company G, 142d Pennsylvania, admitted to McClellan Hospital, Sept. 15th, 1864. Wounded June 21st, 1864, at the battle of Petersburg, Va. Gunshot fracture of ilium, (right side,) a minie-ball having entered half-way between the crest of the ilium and the great trochanter. It was extracted on the field, from the orifice of entrance.

By the introduction of a probe, the bone, denuded of periosteum, can be felt. Surrounding parts swollen. Patient very weak.

Sept. 19th. Enlarged and very sensitive gland, just below POUFART's ligament.

Oct. 10th. Condition improving. The sensitive gland has diminished.

Nov. 3d. A little diarrhoea. He begins to

walk about, even without a cane, although he is very lame.

Furloughed Nov. 4th, 1864.

Returns Nov. 23d, 1864, much worse, and confined to his bed. Diarrhoea. Pain extends down to his foot. Restlessness. Two or three abscesses break into the wound, and discharge large quantities of pus during the two weeks succeeding his re-admission.

Dec. 2d. Much debilitated.

Dec. 26th. Abscess is opened in upper third of right thigh, and half a pint of pus evacuated.

Dec. 28th. Bed-sores being threatened, he is removed to a water-bed.

Dec. 31st. The wound is enlarged, and a very small fragment of necrosed bone removed.

Jan. 15th, 1865. Excoriations forming over sacrum and left hip, in spite of the greatest care having been taken to avoid pressure on these parts.

Jan. 22d. Great pain in right thigh and leg. Great emaciation.

Jan. 25th. The diarrhoea, which had been nearly checked for eight or ten days, is worse. From this time he gradually sinks, refusing his medicine and stimulants, and dies Jan. 29th, 1865, at 8, A. M.

Post mortem made twenty-four hours after death. Pus was found burrowing half-way down the thigh. A small round orifice, a quarter of an inch in diameter, was found in the ilium, half-way between the edge of the sacro-sciatic foramen and the edge of the acetabulum, and a quarter of an inch above the shortest line between them. This orifice connected with a cavity in the interior of the ilium, which contained two fragments of necrosed bone, one of which was too large to be extracted. A probe, passed into this cavity, was pushed through a thin layer of cartilage into the acetabulum, where there had been no inflammation, and by continuing to push with the probe, a larger orifice was made here than that made by the ball, without, however, being large enough to admit of the extraction of the loose necrosed bone within.

In this case, it is worthy of remark, that the patient continued to improve for nearly five months, after which time he rapidly grew worse.

Case of Metastatic Abscesses.

Stephen Conklin, private, Company E, 6th N. Y. Heavy Artillery, aged 19 years. Admitted October 30th, 1864, to McClellan Hospital.

Wounded, October 19th, 1864, at Cedar Creek, by a minnie ball, which entered the right shoulder; neck of humerus grazed by ball, but not broken across. He had been sent in from Ward

31, which was composed of tents, in consequence of a violent chill, his teeth chattering so as to be heard all over the ward. Complained when admitted of great pain in right arm, and in a day or two erysipelatous redness observed around the elbow.

Nov. 5. Removed to a water bed.

Nov. 7. Open abscess under elbow, evacuating a great deal of pus. Pulse 98. Complaints of violent pain in left ankle.

Nov. 8. Abscess breaks spontaneously near the external condyle of humerus.

Nov. 12. Very violent pain in ankle. Discharge from elbow profuse. Redness of arm nearly disappears.

Nov. 15. Abscess opened on outside of left ankle, and profuse discharge of pus.

Nov. 15 to 19. Complains very much of being chilly, in spite of four double blankets. Cough, and violent pain in the side.

Nov. 28. An abscess breaks on the inside of left foot, where he complains of excessive pain. No pain in side, but he still coughs. He is very fretful.

Nov. 29. Large slough over left trochanter. He has never lain on that side; the cause is the stretching of the skin over the bone.

Nov. 30. Profuse night sweats.

Dec. 16. Diarrhœa, the evacuations being almost involuntary. Night sweat not so profuse. Threatened ulceration on right hip, and on back.

Dec. 19th. Two ulcers on back, and one on right hip.

Dec. 24th. Involuntary evacuations. Ulcer on back very large, the two having joined. The internal condyle of right humerus exposed and necrosed. Coughs continuously, but he swallows the sputa, which are apparently copious. Very fretful.

Dec. 28th. Very much emaciated. Profuse cold sweats. Pulse 180.

Dec. 29th. Dies at 8.45, A. M. He was very restless the previous night.

The remarkable features in this case were, the violence of the chills, and their persistence; the fact that a slough did not form over the sacrum, or the hip on which he sometimes lay, until two weeks after one had formed over a projecting bone on which there never was any pressure, thus proving the advantage of the water bed; the length of time (2 months) he was kept alive by tonics and stimulants after symptoms of pyæmia had set in; and lastly, the large quantities of morphia required to allay pain, as much as a grain every two hours being given toward the close.

A post-mortem was not made; it would have been interesting to determine whether the pain in the side was caused by an abscess in the lung or pleura.

REPORT OF A CASE OF WOUND OF THE BRACHIAL ARTERY AND MEDIAN NERVE.

By SAMUEL BIRDSALL, M. D.,

Of Susquehanna Depot, Pa.

Thursday morning, Sept. 6th, 1866, I was called to see M. S. Found he had wounded himself severely in the left arm with a large pocket-knife. The hæmorrhage had been profuse, producing faintness, but not complete syncope. The wife of the patient had very sensibly thrown a large napkin about the arm, and secured it tightly; by this means, and by the diminished force of the heart's action, the hæmorrhage was arrested. Judging from the situation of the wound, and the amount of blood lost, I concluded that the brachial artery must have been severed, and prepared at once to ligate.

Having made the necessary preparations, I removed the napkin, expecting to see the blood gush forth in a fearful manner; but the hæmorrhage had been arrested, and did not return. I now saw the exact size and situation of the wound. The incision extended obliquely across the lower third of the arm, commencing on the inner surface, two inches and a half above the elbow, and extending downward and outward an inch and a half, terminating just inside the tendon of the biceps muscle. From the situation of the incision, I thought that the brachial artery must have been wounded, and my diagnosis was plainly indicated by discovering no pulse at the wrist, and by the hand feeling cold and numb.

The important question now presented itself—What shall be done? Shall I ligate at once, or adopt GUTHRIE'S rule—"No operation should be performed upon a wounded artery, unless it bleed." I chose the latter alternative, and applied adhesive strips, a compress and bandage. Enjoined the recumbent position, and absolute rest for the arm.

The hand being cold, it was well wrapped in flannel. All feeling was lost in the thumb and index-finger, and greatly impaired in the middle and ring-fingers. Active friction with the hand soon restored natural sensation to the two latter, with a slight degree of feeling to the thumb and index-finger. This showed that the median nerve, as well as the brachial artery, had been severed. It will also be recollected that the me-

dian nerve lies very close to the artery in the lower third of the arm, and it would be almost impossible to wound the one without injuring the other.

Fearing that the patient might not keep the arm perfectly at rest, I applied a leather splint, well-padded, to the inside of the arm, keeping the forearm slightly flexed, and in as comfortable a position as possible.

The dressings were removed at the end of the third day. The wound looked healthy, and was healing. The biceps muscle was inflamed, and the arm somewhat swollen, but there was no infiltration of blood in the tissues. The constitutional disturbance was slight, though apparent on the second day, by the headache, and quickened pulse. These symptoms soon subsided, and the case progressed favorably in all respects.

On the tenth day after the injury, the patient walked to my office, and had his arm dressed. On the sixteenth, he visited me for the last time, the wound being completely healed with no swelling.

The patient is a strong, healthy man, forty-seven years of age, having a well marked bilious temperament. He now complains of pain in the thumb and index finger. Says they feel as though there were needles in them. Their temperature is lower than the rest of the hand, requiring considerable attention to keep them warm. The pulse, though absent at first, could be detected on the second day. It is now quite distinct.

Remarks. Surgeons are often called upon to decide important questions quickly, without time for meditation, and it is highly gratifying for them to be able, at the termination of such cases, to feel that they adopted the best plan, and that if required to treat the case again, they would pursue the same course.

None could expect a result better than that which we have in this case. Nerves have been known to unite when completely severed. It is possible the median nerve may unite in this case, and sensation be restored to the parts to which it is distributed. Had ligation been performed, the chances for this desirable result would have been greatly diminished.

Had it not been that the patient was comfortably situated at his own home, a short distance from my office, and where I could see him in a very few minutes if hemorrhage returned, a different plan might have been pursued. Had the wound occurred upon the field of battle, where it would be necessary to transport the patient some

distance, and, under all similar circumstances, the artery should be ligated at once.

The case is of interest, as showing how much nature can do to repair injuries, where large arteries are wounded.

A NEW CAUSTIC.

By P. W. ELLSWORTH, M. D.,

Of Hartford, Connecticut.

Will you permit me to call the attention of the profession to a new medical agent, or at least a new application of an agent in pretty general use, but whose properties are not yet fully understood, viz., sun-light.

It has been a great desideratum in the profession to devise some method of removing nævi, marks, discolorations, moles, and other diseased conditions of the skin, whether natural or acquired, without subjecting the patient to the knife, or leaving a cicatrix quite as repulsive as the original disease. A Mr. AUGUSTUS BARNES, a true Yankee, but not a member of our profession, thinks he has hit upon such an agent—first experimenting on himself upon a mole; and I am much inclined to believe he has made a valuable discovery.

He uses a lens of two and three inch diameter, condensing the rays upon the object to be removed, and going over the whole, if not more than three inches in surface, at one sitting. Mr. BARNES, who is a very pleasant, agreeable gentleman, called on me a few weeks ago, and introduced the subject. At first it did not strike my fancy, as I supposed the pain would be equally severe with other caustics, and the effects no way superior. However, I witnessed his operations with fairness, and with interest, and am disposed to give him considerable credit, and believe his discovery in scientific hands will be made more generally useful than even the inventor believes. I have seen one gentleman, who had a nævus on his face, extending from the eye to below the mouth, and involving the lower eyelid to the very edge, and covering four or five square inches of surface; it was of a deep cherry-red color, approaching purple, and covered with knobs of condensed tissue, an eighth of an inch high. This nævus could be seen as far off as the color of the face. After two applications the spot has nearly disappeared, the skin generally having the hue of a surface blistered some days previously, and it is now nearly well. Some portions were absolutely like normal skin, and entirely colorless. Every knob was gone, and where stood one of the largest, and where the rays were longest condensed, was a perfectly healthy-looking cutis. I do not con-

sider this man as absolutely well, but so much better than he would have been under any known agent, that I must confess my hopes have been considerably raised. As a deformity, or rather as a mark, this man can be considered practically cured, although there is at present the appearance stated, but which does not especially draw attention. I would add, that the rays were condensed with excellent success, even on the very edge of the lid. Mr. BARNES applies his caustic not only to discolorations, but to small tumors involving the surface of the skin, to lupus and ulcerations. He claims to have produced a true and healthy skin on the surface affected by ichthyosis.

How the light, as a caustic, operates differently from other agents, it may be difficult to say, but it has struck me that as the rays are possessed of powerful bleaching properties, it is possible this principle may be brought into play. If the pigment is destroyed, and the secreting power of the corpus mucosum changed, there may be an alteration in the color, without impairment of the cutis vera, which latter seems in all cases to have remained uninjured.

Nor is the pain as severe as we might apprehend, as it is confined at each instant to a very minute point, and therefore must be less perceptible than when diffused over a large surface. Patients at any rate submit very readily and without the use of anæsthetics. I would here suggest, that probably we may not find in this a remedy for the lead-colored skin produced by light acting on nitrate of silver. It would be less likely to cure than when the discoloration was from some other cause, since it is the effect of light. There is this difference, moreover, that in the nitrate of silver stain the whole skin may be impregnated, while in nævi the discoloration is confined to some particular tissue or layer. I strongly suspect the skin of the negro might be changed to some degree more probably than in case of coloring with nit. silver.

As to the removal of lupus and small cancers, we may well entertain grave doubts. But as there is no proof that cancer in its incipency is not a local disease, it would be wrong to pronounce too hasty judgment. I intend making further experiments with this agent, and hope others of the profession will do the same, and give the results to the public. I regret that Mr. BARNES talks of getting a patent, but as he is a non-medical man, he thinks his idea, if valuable, should be paid for some way. He can hardly be compensated in that manner; but if the discovery is as useful as there is reason to hope, he deserves the thanks of the profession.

CASES OF INTEREST OCCURRING AT THE GERMANTOWN DISPENSARY.

By THAD. L. LEAVITT, M. D.,

Attending Physician.

Double Ovarian Tumor.

Case 3d. Mrs. C. B., æt. 55 years, applied March 4th, 1865, for relief on account of an enlargement in the right iliac region, in all probability a tumor of the ovary. Has had violent paroxysms of pain in this locality for three months previously, but less pain now than at that time. No enlargement in the position of the left ovary, but in the region of the right a tumor is found, extending from the crest of the ilium toward the centre of the pelvis, closely adherent to the walls of the abdomen, apparently about six inches in diameter, not painful on pressure. No discharge from the uterus. The pains, of which she complains very much, occur irregularly, extending back to the middle of the lumbar vertebræ; no tenderness perceptible, however, on pressing upon the vertebræ, or over the region of the kidneys. Bowels habitually constipated. The protiodide of mercury, rhubarb, and extract of conium were prescribed and continued until the mouth became sore, when mild cathartics were substituted. The patient presented herself regularly every few days, and no increase of tumor was noticed, it being carefully measured at each visit.

June 30th. During this month the tumor has increased considerably, but is not accompanied with pain. Bowels continue constipated, and patient complains of loss of appetite and spirits, being gloomy and despondent.

Sept. 9th. Tumor increasing slowly. Some pain exists in the back, which is relieved by the emp. belladonna. Aperients constantly required.

Nov. 13th. Enlargement in left iliac region noticed, more perceptible upon the patient's reclining on her back, the two tumors bulging upward. The presence of this left tumor may account for the increased measurements, as the tumor of the right side does not appear to have enlarged since September last.

January 5th, 1866. Tumors perceptibly increasing during the past month. The whole surface of the abdomen was painted with the tr. of iodine, and its continued application ordered night and morning. Bowels regular, appetite good.

Jan. 10th. Slightly dropsical condition of abdominal cavity exists, due, no doubt, to increased pressure upon the great veins. One-sixteenth grain of CLUTTERBUCK'S elaterium was adminis-

tered three times a day, and the tr. of iodine continued.

Jan. 18th. Upon measuring, this morning, the abdomen, the swelling was found to be reduced by three inches since the 10th inst. Treatment continued, gr. 1-16th elaterium only once daily.

Jan. 31st. Condition stationary. Tr. iodine discontinued, on account of irritation of skin ensuing.

Feb. 6th. Constipation, the principal trouble, requiring remedy.

Feb. 23d. Complains of dragging pains in the lumbar region. Has had no pain in locality of the tumors.

April 5th. Complains of pains along track of left sciatic nerve, upon standing, and when lying upon her left side. Applied a supporting bandage, and a sedative liniment ordered.

April 7th. Patient quite comfortable.

June 15th. Upon measuring the tumors, no increase was noticed since Jan. 31st. The growth seeming to have ceased in both at that time. The patient continues in good health, and is able to attend to her domestic cares and duties without inconvenience, though presenting the appearance of a woman advanced in pregnancy.

The almost total absence of pain, the arrest of abnormal growth, and the good health the patient enjoys, mark this case as one of interest, and worth recording.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
October 17, 1866.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Necrosis of Temporal Bone.

Edward F., æt. 18 months. He has had inflammation of the temporal bone of the right side, terminating in abscess and necrosis. The disease has been in existence some four months. There has been a great deal of discharge, which has been exceedingly offensive. He has also had otorrhœa, but his hearing has not been impaired.

The child was placed under the influence of chloroform. The probe came into contact with rough bone, extending down into the ear. An opening was made, a large piece of bone removed, and the semi-organized granulations cut away. The cavity was directed to be syringed out several times in the twenty-four hours, with a weak solution of permanganate of potassa or chlorinated soda.

The cause of the disease in this case cannot be determined. The child did not receive any injury. The affection is probably dependent upon some constitutional vice. It commenced either

in the bone or overlying periosteum, or simultaneously in both, and the inflammation formed an abscess, which was lanced, giving vent to a considerable quantity of offensive thin matter.

When necrosis occurs in the temporal bone, the disease is dangerous, being liable, in its progress, to invade the internal ear, and to extend from thence to the dura mater, the arachnoid membrane, the pia mater, and even to the substance of the brain, producing ultimately abscess there, followed by coma, convulsions, and the death of the patient. This is what frequently happens in young subjects, in consequence of syphilitic or scrofulous taint of the system. Such cases should never be slighted on any account; the practitioner should always have in view the consequence of the disorder. In the early stages the case must be treated by ordinary antiphlogistic measures, local and constitutional. As soon as an abscess forms, the parts should be freely laid open, the knife being carried down to the periosteum, and even to the surface of the bone, in order not merely to relieve the constriction, but the possibility of a separation of the periosteum from the bone, for the more the bone suffers in this way, the more of it will inevitably perish. And then, so soon as the dead bone is sufficiently detached to justify interference, it should, of course, be removed.

Effects of Rhinoplastic Operation.

Mrs. S. Ten years ago, next Christmas, Prof. Gross performed a rhinoplastic operation upon this woman. The alæ and septum had been eaten away, and a substitute nose was made by borrowing integument from the forehead, according to the Indian method of rhinoplasty. The parts united well. The nose is not quite as large as it might be, and is a little defective upon the left side, but it has answered a very good purpose.

Mammary Tumor of Doubtful Character.

Mrs. S., æt. 50. There is a little enlargement between the axilla and the nipple, at the lower part of the breast, of about one year's duration. The mammary gland itself seems to be perfectly natural. The tumor is movable. It feels very hard. There is a lymphatic ganglion lying between the mammary gland and the axilla, which, like other lymphatic ganglia, is liable to enlargement from ordinary disease, and it is also liable to scirrhus and encephaloid disease. Some cases of scirrhus of the most formidable character are developed precisely in the situation of this ganglion, and encephaloid tumors sometimes present themselves, originating apparently in this gland. There is something exceedingly suspicious about the feel of this tumor; it is harder than any of the natural tissues, except bone and cartilage. It has the consistence of scirrhus, and the pain is of a sharp, shooting, darting character, similar to that of scirrhus, but the diagnosis is not plain. The tumor will be removed, a section made of it, to ascertain its appearance to the naked eye, and afterward a portion of it subjected to the microscope, to determine whether there are carcinoma-tous cells.

The tumor was removed by an elliptical incision. On making a section of it, the substance of

the gland was shown. It was very firm and incompressible, almost grating under the knife. It is hoped that the microscope will prove it to be a simple fibroid degeneration. There is some adipose matter intermixed with this enlargement, which is frequently seen in a fibroid tumor.

Medical Societies.

THE MEDICAL SOCIETY OF HARFORD COUNTY, MD.

In response to a call, made through the MEDICAL AND SURGICAL REPORTER and the newspapers, a number of the physicians of Harford county met in Convention at Belair, on Tuesday, November 13th, with the object of establishing a Medical Society.

The meeting was organized by electing Dr. JOHN K. SAPPINGTON, as President; Dr. THOS. C. HOPKINS, Vice-President; Dr. W. STUMP FORWOOD, Secretary, and Dr. RICHARD D. LEE, Treasurer.

Dr. S. B. SILVER suggested that if any gentleman present had a draft of Constitution and By-Laws, or other papers pertaining to organization, it be the request of the Convention that the same be read. Dr. FORWOOD announced that he had such papers in his possession, but hoped that a Committee would be appointed to examine them, and report to the Convention. It was moved that the Convention resolve itself into a Committee of the whole, and that Dr. FORWOOD be requested to read the Constitution and By-Laws he had prepared, and which he stated had been gathered from various medical Societies.

After the reading, and the incorporation of such suggestions as different members proposed, the Constitution and regulations were unanimously adopted; whereupon the Committee arose and reported to the President. The Convention accepted the report, and declared that a Society, to be known as "The Medical Society of Harford County, Maryland," was now organized; when the officers and members, in due form, proceeded to sign the Constitution and By-Laws.

Dr. GEO. T. HAYS moved, and the motion was adopted, that the Secretary be authorized to procure a sufficient number of copies of the Code of Ethics of the American Medical Association to supply each member of this Society with a copy.

Dr. S. J. RAMSAY proposed that a Committee be appointed to inquire what would be the cost of publishing the Constitution and By-Laws in pamphlet form, and be instructed to report at the next meeting. The motion was adopted, and Dr. LEE, the Treasurer, was appointed the Committee.

The President stated that the Society, at its next stated meeting, would be pleased to receive voluntary communications from any of its members, upon any subject connected with our science.

After some very appropriate and feeling remarks by the President, upon the subject of his loved profession, the active duties of which his advanced years had obliged him to relinquish,

and with a reference to the necessity for unity in our common labors, the Society adjourned.

JOHN K. SAPPINGTON, President.

W. STUMP FORWOOD, Secretary.

Thus after many years of apathy and want of unity on the part of the profession of our county, we have at last established what we hope and believe will be a permanent organization.

The object of this Society, as set forth in the second article of the Constitution adopted, is "the advancement of medical knowledge, the elevation of professional character, the protection of the interests of its members, the extension of the bounds of medical science, the promotion of all measures adapted to the relief of suffering, the improvement of the health, and the protection of the lives of the community."

The next meeting will take place on the second Tuesday in February, at which time, it is hoped, a larger number of our professional brethren will be present, and unite themselves with us in the prosecution of this good work.

As a matter of history, which may hereafter be of interest to the profession, and to others of this county, we append the names of those who effected this organization, and in the order they were registered:

John K. Sappington, M. D.	
Thos. C. Hopkins,	"
W. Stump Forwood,	"
Richard D. Lee,	"
J. Sappington,	"
Geo. Thos. Hays,	"
T. Morgan Elliott,	"
J. H. Cooley,	"
W. W. Hopkins,	"
David Riley,	"
Jno. H. Cochran,	"
S. J. Ramsay,	"
J. M. Finney,	"
Silas B. Silver,	"
Wm. J. Evans,	"
Jas. M. Magraw,	"

W. S. F.

Utility of Coffee in Soldiers' Diet.

M. LARREY, having been called upon by the Council of Health of Department of the Seine for his opinion as to the desirableness of extensive employment of coffee in the soldier's diet, speaks, in his reply, in the warmest terms commending its use. He states, that upon his father's recommendation, it was employed freely in Algeria, with the best effect upon the soldier's health, as a substitute for brandy. It has also seemed to act in some measure as a prophylactic to intermittent fever.—*Journal of Applied Chemistry.*

— Dr. A. HILL, of Norwalk, Ct., has recently patented a process by which ineffaceable paintings can be done on marble. The colors are fixed as permanently as they are in stained glass, and the process of applying them is said to be simple and rapid of execution.

EDITORIAL DEPARTMENT.

Periscope.

On the Treatment of the Pedicle of Ovarian Tumors by the Actual Caution.

From the abstract of the proceedings of the British Medical Association in the *Medical Times and Gazette*, we take the following:

"Mr. BAKER BROWN read a paper on the treatment of the pedicle of ovarian tumors by actual cautery. This practice had been adopted by the author in thirty-six cases, twenty-three of which had previously been given to the profession in two papers read before the Obstetrical Society. Mr. BROWN now gave in detail thirteen more cases. The following analysis will show the result of this treatment: Of the whole number, five have died, of which two occurred in the first twelve, and three in the present series. In not one of these had death resulted where the cautery had been used alone, with the exception of the second; here death was due to hæmorrhage from the site of an adhesion in the utero-rectal fold, which could not safely be reached by the actual cautery. In the remaining four, one or more ligatures had been used in addition to the cautery, the latter, from various causes, not having perfectly secured the pedicle. In these four, the causes of death were respectively—1. Peritonitis, with hypertrophied heart and thickening of aortic valves. 3. Peritonitis; no autopsy allowed. 4. General peritonitis. 5. Shock; a small quantity of coagulated blood on the stump. Mr. BAKER BROWN drew the following conclusion from his experience of this treatment: That it is preferable in all cases first to employ the cautery. Should this fail, no harm has been done, and the ligature may be resorted to without disadvantage. The method of using the clamp was fully explained, and a newly improved instrument was exhibited. This clamp possessed parallel blades, and the bone, formerly fixed to the back of the clamp, to diminish heat during division, was now separated, except by two long rivets, from the blades."—*Boston Med. and Surg. Journal*.

The Regeneration of Bone.

M. OLIER, (of Lyons,) occupied the attention of the Surgical Society of Paris recently with two communications—one relating to the removal of polypi occupying the nasal fossæ and pharynx, the other describing excision of joints, with preservation of ligaments, tendons, etc. The operation advocated for polypi is nothing less than bringing down the nose from above like the lid of a box, and thus getting easy access to the fossæ and base of the skull. The nose, when raised again towards the forehead, unites in a satisfactory manner. In his excisions, M. OLIER preserves all the fibrous tissues, the ligaments, the capsule, and the tendinous insertions; none but the osseous or cartilaginous textures are removed, and he thus obtains an articulation of the same type as the joint which has been taken away. One can easily understand such an oper-

ation upon the healthy articulation of an animal; but the pathological changes in joint diseases are sometimes of such a nature that the author's operation would, at first sight, appear extremely difficult, if not impossible.—*Lancet*.

Reviews and Book Notices.

Practical Therapeutics, Considered Chiefly with Reference to Articles of the Materia Medica. By EDWARD JOHN WARING, F. R. C. S., F. L. S., Surgeon in Her Majesty's Indian Army. From the Second London Edition. Philadelphia: LINDSAY & BLAKISTON. 1866. Svo., pp. 814. Price, \$6.00.

When, as Mr. WARING writes in his Preface, he employed, twelve years ago, his leisure hours at a remote and solitary station in Burmah, in arranging his notes of previous years, for a Manual of Practical Therapeutics, he little anticipated that the work would ever arrive at a second edition. That it has done so, in competition with so many works of a similar kind, must be considered a proof of decided merit.

The stand-point of the practitioner is the one assumed in this book. Very little indeed is said of the botanical, chemical or commercial relations of the articles of the Materia Medica. Their uses in practical medicine, surgery and obstetrics, claim the author's almost undivided attention.

His references are mainly to English works and journals; very seldom are those of France or Germany quoted, and those of America almost never. DEWEES and DUNGLISON are the only American authors especially named; although MORTON is mentioned as the originator of surgical anæsthesia, and, under *Actæa Racemosa*, *Lobelia*, *Veratrum Viride*, etc., a few citations from our authorities are made. From DUNGLISON an important table is cited, giving Mr. DURAND's statement of the number of drops in a fluid drachm of different liquids. Our Dispensatory would have supplied him with a later and fuller one. That work does not seem to have reached him.

Among anæsthetics, like most British writers, Mr. WARING gives the preference to chloroform; nitrous oxide not being named. In the internal use of chloroform, our author has been unacquainted with the facts which show that its dose by the mouth need not be limited, for safety, to ten minims. From twice to six times as much may often be given with advantage. We have prescribed a fluid drachm at a time, repeated in an hour or two, so frequently as to have no fear of it. Mr. WARING's account of ether is not very full. RICHARDSON's process of congelation for anæsthesia is not named.

While granting much to the advocates of the diminution in the frequency of blood-letting as a remedy, we are interested to find Mr. WARING unable, upon his own experience, to consent to its total abandonment. "In perusing," he says, "the statements of those who condemn it, it should be remembered that their observations have almost invariably been made in the hospitals of large cities;" already too much debilitated to represent properly the average human system. Nearly two pages of "axioms of blood-letting" are given by our author.

The place we would give this book is that of a valuable companion to, not substitute for, the Treatises of WOOD, STILLÉ, and PEREIRA. It contains a vast deal of useful practical information, well arranged and digested. It is, moreover, extremely well gotten up by the publishers.

A Practical Treatise on the Physical Exploration of the Chest, and the diagnosis of Diseases Affecting the Respiratory Organs. By AUSTIN FLINT, M. D., Professor of Principles and Practice of Medicine in the Bellevue Hospital Medical College and Long Island College Hospital, etc., etc. Second Edition, Revised. Philadelphia: HENRY C. LEA. 1866. 8vo. Pp. 595. Price, \$4.50.

Professor FLINT, in this work, appears to the best advantage. His mind is, (like that of many others,) much better adapted for diagnosis than for therapeutics. Able to give only qualified praise to his treatise upon the Practice of Medicine, we can without qualification commend this as a first-rate book. It has been out of print for some time, the first edition having been published ten years ago. Some important modifications have been made in its revision.

The value of *pitch* as a diagnostic character of sounds in auscultation and percussion, and that of signs produced by the whispered voice, (exaggerated bronchial whisper, whispering bronchophony, cavernous whisper,) are peculiarly dwelt upon in this treatise. Auscultatory percussion (of Drs. CAMMANN and CLARK) is considered to be of service, especially in locating the boundaries of enlargement of the heart. Dr. CAMMANN's double stethoscope, for both ears at once, finds more favor now with Dr. FLINT, since he has had prolonged experience in its use.

More frequent employment of the opportunities afforded by hospitals for private clinical instruction of small classes, by competent physicians, is well urged by Prof. FLINT, as the only way in which physical exploration can be well learned by any one. Lectures to large classes, in the amphitheatre, cannot substitute bedside study.

An Introduction to Practical Chemistry, Including Analysis. By JOHN E. BOWMAN, F. C. S., Late Professor of Practical Chemistry in King's College, London. Edited by CHARLES L. BLOXAM, F. C. S., Professor of Practical Chemistry in King's College, London, etc., etc.; with One Hundred and Seven Illustrations. Fourth American, from the Fifth Revised London Edition. Philadelphia: HENRY C. LEA. 1866. 12mo. Pp. 351. Price, \$2.25.

This is a standard work, whose success is proportionate to its merit and usefulness. Like its companion, "BOWMAN'S Medical Chemistry," it contains, in the most condensed statement compatible with clearness, the *working* knowledge of its topic. It is a book, therefore, for everyday use in the laboratory, as well as for study in preparation for chemical labor.

The Physician's Hand-book of Practice, for 1867. By WILLIAM ELMER, M. D. New York: W. A. TOWNSEND, Publisher. 1867. Pocket-book, pp. 200. Price, \$1.75.

This is probably the best book of the kind yet out, in respect at least to the amount of matter provided in it. Certainly a good deal of able work has been spent upon it. It is, at the same time, a simple necessity of candor to say that, in our judgment, some of that work has been thrown away. We venture to predict that, of those who use the book, not one in fifty will ever read through, or refer twice in a year, to the "Classification of Diseases," which occupies about 37 pages. Nor would we recommend to any practitioner to make such use of it. It is too much condensed, too bare a skeleton, almost, for the last review of a student before entering the green-box. This criticism does not apply to the account (pp. 45-54) of Poisons and Antidotes; nor to that of Diagnostic Examination of the Urine (pp. 55-62), both of which are strictly in place. So is the list of incompatibles, and that, very carefully prepared, of Remedial Agents. The "Record of Practice and Treatment" contains many heads which will be neglected. In that department the want has not yet been supplied, of a record which *practitioners will use*; and so make available for statistics the immense amount of medical observation daily lost.

— The Medical Department of the United States Army has forwarded to the United States Commissioners at the Paris Exposition a large collection of models of various kinds, including a model ambulance, model litters for conveying wounded men, plans for alleviating the sufferings of the wounded, and many other articles of similar character.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, NOVEMBER 24, 1866.

DR. CALVIN STANHOPE BISHOP.

It is with regret we record the death of Dr. CALVIN STANHOPE BISHOP, of this city. For several years he had been struggling against that insatiate disease, tuberculosis, although, until a very short time before his death, attending to the routine of professional duty.

He was born in Hunterdon county, New Jersey, on the 3d of March, 1820. His medical education was pursued in the offices of Profs. WM. E. HORNER and HENRY H. SMITH, graduating at the University of Pennsylvania in 1854. He was subsequently elected a Resident Physician to the Philadelphia Hospital, in which institution he spent two years, zealously prosecuting, in its extensive and varied wards, the duties of his position, and laying the foundation of a medical knowledge which made him eminently qualified and successful as a teacher and practitioner of medicine. At the close of his service the Guardians of the Hospital passed a special complimentary resolution, acknowledging his faithful and valuable performance of duty.

Associated with Dr. J. J. WOODWARD, now of the U. S. Army, he conducted a course of examinations in the various branches of medicine, instructing large classes of medical students, and was, at the same time, appointed by Dr. SMITH Demonstrator in the Practical Surgical Department of the University. This position he retained as long as his health would permit. During the war he held an appointment as Acting Assistant Medical Officer to one of our military hospitals in this city, and on one or two occasions went as a volunteer surgeon to the field, being charged with the care of many hundreds of wounded soldiers. The last few years were given wholly to his practice, which soon became large and remunerative, and in the midst of which the hand of disease was laid upon him.

It was the privilege of the writer to know Dr. BISHOP intimately for several years, and therefore he feels competent to form a just judgment of his character. As a practitioner of his art he was wise, judicious, and successful. His intercourse with the sick inspired hope and confidence; being blessed with an exuberance of animal spirits, with a kind and gentle word for every one, he dispensed cheerfulness wherever he went. His patients respected him; loved

him. He was more than physician; he was a friend. As a man, he was true to all the instincts of a gentleman, blameless in all the courtesies of life, the essence of integrity and honor. As a Christian man, his daily walk and conversation offered the best commentary. His whole ancestry, as far back as can be traced, were professors of religion. Without ostentation he discharged the duties of a Christian, cherishing a buoyant faith, which, as his sun sank to its setting, rose to a sublime assurance. His was, indeed, a glorious sunset. Not a cloud, not a shadow, as he entered the valley, but unspeakable joy, as the vision of the eternal world began to break in upon his departing soul. It is impossible not to cherish the memory of such a man, and in contemplation of such a character, grow stronger for the conflicts of life.

A REMARKABLE LIFE INSURANCE DODGE.

Strange as it may appear to people of education and common sense, it is a fact that the humbuggeries and deceptions of the so-called Homœopathic school of medicine have induced a recently formed Life Insurance Company in the State of New York to make a reduction on their premiums to those who "habitually use this mode of treatment." This is an attempt by a company of laymen, in a purely business transaction, to determine the relative value of medical opinions and practices in the treatment of all kinds of disease.

On learning of this advertised "advantage peculiar to this company," two thoughts naturally occurred to us. 1st. That the object is merely to attract the attention of that class of people who are easily humbugged, and induce them to get their lives insured in this company. 2d. It makes evident an idea with which we have long been impressed, viz., that the ordinary rates of premium are much higher than is necessary for the safety of life insurance companies.

This latter suggestion is authorized by the operations of almost every company that has attained to any degree of success. It is plain from the immense profits of this business, that the rates of insurance might with safety be considerably reduced; in other words, that the public are imposed upon by the present high rates. The truth of this is apparent from the enormous salaries paid to crowds of officers, clerks and agents, and to the huge dividends given to the stockholders and the insured; and one instance has recently been exposed of a splendid entertainment given by the officers of a company to

their friends, at a cost of \$15,000, which was paid out of the premiums and interest belonging to the policy holders.

These facts make it very plain that a marked reduction of the rates might very properly be made, and the instance before us of an offered reduction of ten per cent. on the absurd idea of its being justified by homœopathy, demonstrates the justness of our conclusion. But on the other hand, if we are wrong in this, it is clear that this reduction will ultimately prove disastrous to the insured.

The basis of this distinction in the premiums for life policies in the company referred to, is alleged to be certain data in their possession, showing a decreased rate of mortality under that system, as compared with that of the scientific and common-sense school.

It is also alleged that the statistics of certain European hospitals show a difference in the mortality tables, the results of the two asserted modes of treatment being considerably in favor of the homœopathic. The truthfulness of these statistics is the questionable point. There are two circumstances to be rigidly inquired into before a correct conclusion can be arrived at, respecting the reported figures. In the first place, what was the character of the cases treated in each hospital? and secondly, was the homœopathic principle of infinitesimal doses strictly adhered to, or was the asserted notion of *similia similibus curanter*, used there as it is everywhere else, merely as a cover for the administration of medicines on the ordinary plan? We are of opinion, derived from numerous well established facts, that not more than one per cent. of the so-called homœopathic doctors adhere to the *little pellet* system, but use their common sense in the administration of curative measures, in quantities proportioned to the demands of the symptoms.

Now let us suppose a case. Mr. John Boniface applies to this company for a life policy of \$10,000, at a discount of 10 per cent. on the premium, declaring himself a believer in homœopathy, and to have always resorted to practitioners of that clique, whenever, in his family, occasion has demanded medical aid. His statement is accepted, and the policy granted at the reduced rate. Within a few years he is attacked with pleuro-pneumonia, or peritonitis, or cerebro-meningitis. He sends for his homœopathic doctor, but he cannot be found, and the patient is compelled to resort to a regular practitioner. He is treated in the most expert manner, and on the most rational plan, but the extreme violence of the disease cannot be overcome, and the patient

succumbs to the fatal disorder. In due time his widow applies for the amount insured, but it being known that he had not been treated by a homœopath; in other words, that the terms of the policy had not been complied with, the widow's right to the money is denied.

Herein we may see how easily the insured may be imposed upon, and how the saving of 10 per cent. on a premium may cause the loss of the entire amount insured for. Let the public take warning, and let our profession take note of insurance offices which resort to such questionable means to extend their business, and use their influence against them.

Since the above was written, the *British Medical Journal*, of November 3d, has come to hand, with the following comments on the same subject:

"*Homœopathic Life-Assuring.* The following indicates a clever method of attempting to raise a business; but the scheme does not seem promising in the future from its history in the past. A journal tells us that, it having been found that treatment by homœopathy increased the value of human life, a Life Assurance Company took the hint, and started on this platform into life. But 'this Company was, for some cause, merged into another. The principle was correct, but the scheme was badly supported.' In fact, as the Yankees say, it wouldn't float. Then came a better scheme, (founded on truly homœopathic principles,) offering to treat the victim either homœopathically, or, if he preferred it, on ordinary assurance principles; of course, the homœopathic life-insurer being done the cheapest. We are not told if any provision was made for a change of principles, nor if this plan was more successful than the former. However, there is, at all events, a chance for every one now. The *Empire Assurance Corporation*, with a moderate capital of half a million, has opened a *homœopathic section* for people of this credulity.

"But the Directors have not felt justified in making, in advance, a reduction of the premium rates; but they are assured by those who have mainly promoted the homœopathic section, that at the end of each quinquennial period for the division of profits, an advantage will be shown in favor of the assured in this section. The business in this section will be kept entirely distinct from the general business; so that by this means the Directors will be able to complete statistics from time to time, by which will be ascertained the comparative value of lives in the homœopathic and general sections."

"If our homœopathic friends will consider this promise of the Directors equivalent to a reduction of 10 per cent. on the premiums, we can only say their credulity is even bigger than we thought it to be."

Notes and Comments.

The Paris Exposition.

Inquiries have been addressed to us in regard to the Universal Exposition to be held in Paris in the year 1867. It is to commence on the 1st of April next, and continue till the 1st of October. In connection with the Exposition, there will be, through the liberality of Dr. THOMAS W. EVANS, of Paris, a collection of material which may serve to illustrate the history of our late war. Mr. EDWARD A. CRANE, 76 Water Street, N. Y., is the agent. The Medical Department of the Army has forwarded quite a collection of models, etc., to the Exposition. It is expected that provision will be made for transporting visitors from this country to Paris at very low rates, by means, perhaps, of the Great Eastern.

During the Exposition—on the 16th of August—a *Medical International Congress* will open, under the auspices of the Minister of Public Instruction. It will sit two weeks, and will be exclusively scientific. We will speak further of this Medical Congress hereafter.

Irregular Exchanges.

Some of our cotemporaries are in the habit of sending their journals to periodicals representing irregular modes of practice, in exchange. We wish they would stop it. Besides being *unprofessional*, it is very annoying to us. There are a couple of this class of publications in this city, and they are so little known at our post-office, that their exchanges are almost every day put into our box, and we are obliged to return them. Among these exchanges we have been surprised to see some medical journals which we would have supposed had more self-respect. These irregular journals are generally connected with "colleges" and "universities," of which, and their "professors," they are the advertising mediums, and these exchanges are supplied in this cheap way to their reading rooms. We would suggest to these medical journals who thus degrade their profession, that they might enlarge their list of exchanges by adding *Jayne's Almanac*, and certain kindred serials to the number.

Hospital for Epileptics.

Among the improvements inaugurated by the Commissioners of Charities and Correction of the City of New York, is the establishment of a hospital exclusively for the treatment of epileptics. At the regular meeting, held on the 15th inst., it was ordered, on the recommendation of the Med-

ical Board of Charity Hospital, that the Department for Epileptics and Paralytics be removed from the control of that body, and be assigned exclusively to the control of Dr. GONZALES ECHEVERRIA. Dr. ECHEVERRIA has acquired considerable reputation as a practitioner, particularly in nervous affections, and is well qualified to fill this position with credit, and to the advantage of the unfortunate subjects of the diseases in question.

Correspondence.

DOMESTIC.

Statistics of Massachusetts.

EDITOR MEDICAL AND SURGICAL REPORTER:

It is said that "figures will not lie." If this be so, we ought to be extremely careful what deductions we make from the facts presented by them. In the interesting abstract presented by Dr. ALLEN, of Lowell, of the vital statistics of Massachusetts, though the figures may be correct, the use that is made of them seems to me to be unwarranted, and the inferences to be directly the opposite of the truth.

The subject presented by Dr. ALLEN is of the utmost importance, and, as he says, presents the strongest claims for discussion. It will undoubtedly be discussed; but at this time my object is only to show that on one point Dr. ALLEN has made a vital mistake.

One of the points which he makes is, that the native American population in Massachusetts is rapidly diminishing, and "comparatively, and at no very distant day, *must run out*." To prove this he refers to the Massachusetts Registration Report for 1864, and after giving the figures, makes the statement that "*the number of deaths with the Americans, for 1864, exceeds that of the births over 9000!*"

This most *astonishing* result is obtained by ignoring entirely the distinction between *nativity* and *parentage*. In giving the births, Dr. ALLEN counts the children as American or foreign according to *parentage*; that is, according to the birth-place of their *parents*; but when he comes to give the number of deaths, all these children of foreign parents who died, are reckoned *according to nativity*, as native American children, and made to count as deaths among the American population.

In other words, he makes two classes of the population, American and foreign, and takes the ground that the American population is rapidly decreasing, while the foreign population is in-

creasing. To prove this, in reference to births, his two classes are very properly, first, American born persons and their children; second, foreign born persons and their children.

But when he comes to the statistics of deaths, the American class includes American born persons and their children, and also all the children born in this country of foreign parents; and the foreign class includes only persons of foreign birth.

It is obvious that if figures do not lie, they are made, in this case, to give woefully erroneous ideas.

I do not give the figures in this case, because the Report referred to for 1864 does not show the mortality according to parentage, and it is, therefore, impossible to show how great the mistake is. But to prove the same thing, namely, the decrease of the American population, Dr. ALLEN refers to the Registration Report for the City of Boston for 1865, and makes the same mistake in using the figures. He says:

"Again: Boston reports, for 1865, 5275 *births*: 3575 foreign, 1641 American, and 60 not stated. *Deaths*, 4651, (should be 4541); foreign, 1398, and American, 3143. Here the whole number of births exceed the deaths by only 734. *But the deaths of Americans exceed the births by 1502.*"

The Boston Report is before me, and enables me to give the deaths according to parentage, so that we can show the exact amount of the mistake that is made by Dr. ALLEN.

In regard to *births* in 1865, his figures are correct, though I should give them according to the parentage of the mothers, as follows:

Children of American-born mothers,	1650
" " foreign " "	3587
" mother's birth-place unknown,	38
Total births,	5275

In regard to *deaths*, in 1865, according to nativity, the decedents were as follows:

Decedents born in the United States,	3127
" " foreign countries,	1381
" birth-place unknown,	33
Total decedents,	4541

These figures are the same as Dr. ALLEN's, except that he divides the "unknown" between the American and foreign.

But according to *parentage*, the figures were as follows:

Decedents of American parentage,	1245
" " foreign " "	2868
" parentage unknown,	428
Total decedents,	4541

If we take 1245 (the decedents of American parentage) from 3127 (the decedents of American

birth) it leaves 1822 as the number of children of foreign parents, born in this country, who died during the year. According to Dr. ALLEN's figures, these 1822 children of foreign parents who died, are transferred from the foreign to the American class, and this is the way he shows that the native American population decreased 1502 in a single year. He includes them with the foreign population in the births, why should he not in the deaths?

If then, we notice both births and deaths, according to *parentage*, which is obviously the only correct method, we find the following results for Boston, in 1865:

American Parentage.

Births, 1650. Deaths, 1245. Gain, 405.

Foreign Parentage.

Births, 3587. Deaths, 2868. Gain, 719.

Unknown Parentage.

Births, 38. Deaths, 428. Loss, 390.

Total Population.

Births, 5275. Deaths, 4541. Gain, 734.

Thus, instead of a loss of 1502, as stated by Dr. ALLEN, there was an actual gain of 405 to the native American population, by the excess of births over deaths.

This gain of the American population is actually greater, relatively, than that of the foreign population. Thus, if we exclude those of unknown parentage, the native American population had 31.5 per cent. of the births, and 30.2 per cent. of the deaths; while the foreign population had 68.5 per cent. of the births, and 69.8 per cent. of the deaths, giving a greater per cent. of the births than of the deaths to the American population, and the opposite to the foreign population.

It is well known that much the greatest portion of the "unknown" in these statistics, belongs to the foreign population, which fact, in this case, would still further increase the advantage of the American population.

This is my reply to one of the strong points of Dr. ALLEN's argument to show the degeneracy of the native American population of New England. It remains for others to show, by further examination of his article, whether we shall be justified in saying, "*Ex uno disce omnes.*" A.

Treatment of Ague.

EDITOR MEDICAL AND SURGICAL REPORTER:

Having practised medicine for many years in a region where ague is very common, and where quinine often fails, I send you the following formula for an *ague pill*, that has never failed in

my practice, or that of my friends here, in curing all forms of ague:

R. Chinoidine,	3j.
Ale. ext. laptandræ virg.,	
“ “ cimicifugæ rac.,	
“ “ cornus flor.,	āā 3j.
“ “ xanthoxylī frax.,	3j.
“ “ sanguinariæ,	
“ “ conii mac.,	āā 3ss.
“ “ nucis vom.,	gr. xv.

Mix, and make 480 pills.

Dose for an adult, three pills every hour, during the intermission of the ague, till 8, 10 or 12 doses have been taken; then a dose two or three times a day for a few days. Yours, truly,

J. N. FREEMAN, M. D.

Morris, Ill., Nov. 8, 1866.

EDITOR MEDICAL AND SURGICAL REPORTER:

Enclosed please find a specimen of orthography from a patient suffering under a common malady, which the letter itself will best explain.

Yours Respectfully,

“Dear Sir—J—I—, was telling me that you Could Cur the Clap and i hev it and hes had it for ten month it hes brok out in a rash on the hedd of it there is nothing discharges out of it but gleat for 4 months i wont you to rite as quick as you git this letter and let me know what you Cen doo for mee if you Cen Cur mee i Cen git you three mor fellows that hes it and Cant git red of it rit wat your Charge wood bee.

“Direct to — postoffice — Co. P. A.

E. R. P.”

Chloroform in Delirium Tremens.

EDITOR MEDICAL AND SURGICAL REPORTER:

In the number of your journal for Nov. 10th, and in a paper from Dr. J. ADOLPHUS, of Michigan, two cases are reported, in which tincture of digitalis was beneficially employed in delirium tremens, after opium and *chloroform* had failed.

I take the liberty of asking, through your valuable journal, the extent to which chloroform was administered in these two cases, as beyond the simple introduction, no mention is made of its use. Without claiming for chloroform any specific virtue in the treatment of the disease mentioned, the record of its successful employment has, within the past few months, so materially increased, as to place it among the most valuable remedies that can be employed in this disease.

The very frequent cause of failure in the employment of chloroform internally is the insufficient doses in which it is exhibited; the medium or standard dose should be a fluid dræhm, and this can with perfect safety be increased or repeated at short intervals until the hypnotic effect is produced.

I desire to draw no invidious distinctions between the use of chloroform and tincture of digitalis, or any other *known* remedy; for the first I simply claim, that being a diffusible narcotic of a peculiar volatility, it is more readily absorbed than most other remedies; that its effect upon the nerve-centres is immediate; and that the sleep produced by it is of a natural character. Having been somewhat interested in the study of its effects when used internally, it would be a gratification to myself, and, I imagine, also to the gentlemen who have successfully employed it, to know the cause of its failure in these cases.

E. McCLELLAN,

Ass't Surg., U. S. A.

Post Hospital, Fort Delaware, Del.,

November 19th, 1866.

News and Miscellany.

Malpractice in its Legal Relations.

Dr. ORDRONAUx stated, in the course of a paper read before the New York Academy of Medicine, at its stated meeting, Oct. 17th, 1866, which he prefaced with an apology for the almost inexhaustible nature of its subject, and the impossibility of its being treated in any other than a general way—that the issues of cases depended as much upon a point of law, as upon a point of practice. Many strange verdicts had thus been rendered in the case of charlatans, because the law was extremely jealous of personal rights, and discriminated between the act, and the mind or intention of the criminal. The legal status of physicians, therefore, becomes a legitimate subject of consideration. Every professional man is expected to bring to his vocation the exercise of either the ordinary or an extraordinary amount of skill. *Ordinary skill* is not an absolute, but a relative term, since the standard of skill, like that of morals, may vary with the times and the locality. Thus the doses of the ancients were nearly, and in some instances quite four times as large as our own. Thirty-one grains of aloes and from six to eight grains of opium were given. Were we to make the standard absolute, we should be open to the charge of attempting to fabricate genius, and would, in effect, deprive whole communities of physicians. If then, an ordinary amount of skill can be rightfully demanded by the patient, are all degrees equally respectable in a legal sense? We answer, yes! Since, notwithstanding the standard in some schools is very degraded, and the knowledge to be gained in them painfully diluted, the law cannot discriminate between the creatures of its incorporated legislation. *Extraordinary skill*, as a term, needs no special definition; when exercised, its claims, in accordance with the law governing demand and supply, are recognized in the matter of more liberal fees.

Malpractice may consist in acts either of *commission* or of *omission*. In the former class are comprehended unwarrantable experiments, etc.

etc.; while under the latter are embraced instances of negligence, want of due diligence, etc. etc.

But physicians are neither common carriers nor publicans; it is their reserved right to refuse a call, and, from the fact that the contract between physician and patient is voluntary at its inception, either party may dissolve his relationship to the other. The physician may withdraw from his case after due notice, and so avoid the charge of neglect; but the patient may summarily dismiss his attendant, because the former has stipulated no time. The patient must surrender himself to his medical adviser, otherwise, in the language of Chief-Justice LEWIS, of Pennsylvania, "his neglect to coöperate is his own wrong or misfortune."

The majority of suits for malpractice are brought against surgeons, because results are here more patent; failures are deemed inexcusable by the patient, who, from motives of malice or gain, has been urged to prosecute. His attendant is expected to be a medical carpenter, competent for any repair. Inasmuch as impossibilities bring no responsibilities, and treatment is under Providence, the physician is never called upon to warrant a cure. But should he so far evince the weakness and vapidity of his intellect as to promise any such result, the law can do no otherwise than hold him to the letter of his contract.

As regards the responsibility of the consulting surgeon, the law holds that when called in for counsel only, his liability ends with his visit; but should he operate, a new direction is given to the case, and he becomes responsible for the immediate results. Some surgeons are in the habit of detailing their students to perform their minor operations, but here the student does not become a principal, and is not liable, because *a personal trust cannot be transferred*. The exaction by the surgeon of bonds not to sue, as a prerequisite to assuming control of a case, is a practice unnecessary, worthless, and against public policy, since the act expresses a want of confidence both in his own skill and in the honesty of his patient. Yet, with equity on the side of the defendant in a suit for malpractice, the case, owing to the susceptibilities and ignorance of mere laymen, may not be adjusted on its true merits.

As a remedy for many of the evils, he urged that the medical schools strengthen themselves by united efforts into a kind of scholastic nobility; for it is in this way, he contended, the victory would incline to their side, in accordance with the well-known law that corporations were, of necessity, more powerful than individuals.—*Med. Record*.

Practical Medicine.—Its Present Position.

Dr. JOHN HUGHES BENNETT, in his Address in Medicine before the British Medical Association, at its recent session, sums up his opinions on the present stand-point of practical medicine as follows:

"1. That the empirical method of treating disease has reached its utmost limits, and that little further improvement is to be anticipated from it.

"2. That the great advance which has taken place in the science of medicine has led, and is leading to various modifications in the rules of

medical practice, which only lately were in general use.

"3. That these modifications principally consist in putting more confidence in the powers of nature, having recourse more frequently to the assistance of diet and other hygienic influences, and in employing more sparingly blood-letting and other so-called heroic remedies.

"4. That the value of many remedies in certain diseases is unquestionable, and that their judicious employment confers invaluable benefits upon mankind; but the utility of others is disputed or little known, and with regard to these a careful investigation is imperiously required.

"5. That such investigations demand great labor, advanced knowledge, and much valuable time, and that experience has demonstrated the impossibility of carrying them out satisfactorily without funds to remunerate investigators.

"6. That all applications of scientific treatment require the coöperation of medical men at large, and that no trustworthy results are likely to meet with general confidence in future, unless founded on extensive data, and formularized by a correct statistic.—*Edinburgh Med. Journ.*

Public Health.—Comparison of Cities.

Dr. FARR, presiding over the late session of the British Science Association, instituted a comparison between the leading nations of Europe, in respect to public health. Russia's death-rate is the highest, if the lecturers's statistics may be trusted, being thirty-six per thousand, while the mean life-time is but twenty-five years, the mortality being greatest in the southern part of the empire. It would be interesting to know the comparative consumption of brandy in Russia, which is a pretty large item in the undertaker's record.

Italy's death-rate is thirty, and the population of the country is as unhealthy as that of the towns. Rome is the healthiest city on the peninsula, because of her aqueducts. The Germans do not live thirty years on an average, and die at the rate of from twenty-nine to thirty in the thousand. Norway is the most desirable country to live in, since the mean of years is fifty, and the death-rate seventeen. Holland's death-rate is twenty-six. Belgium, France, and England's twenty-two. In England, the mean age is twenty-six, the average length of life thirty-five. In sixty years, the increase of the Anglo-Saxon race, all over the globe, has equalled the present population of France.

Weak Eyes.

Some time ago, at the Academy of Science, M. FOUCAULT said that the sun might be contemplated with impunity through a lens covered with silver leaf, the latter being just transparent enough to allow of the sun's disc being seen very clearly, though "shorn of its beams." A few weeks ago, the Academy received a communication from M. MELSENS, in which he described a useful application of M. FOUCAULT's discovery. He states that about the beginning of last July he received an injury from the bursting of a bal-

loon containing a solution of iodine and liquid sulphurous acid, whereby both his eyes were attacked with inflammation. Great weakness of the eyes remained, so that light was painful to him. He then had recourse to the sort of spectacles used by engine-drivers on railways. These spectacles are provided with black glasses, and as these were still too transparent, M. MELSENS put green ones over them. In this way they answered tolerably well, but the author ultimately used preservers with pale blue glasses, which he covered mechanically with either gold or silver leaf, and this he found to answer best of all, the light so transmitted being exceedingly pleasant, especially in the case of gold leaf. The latter, when yellow, lets green light pass, when green (that is, alloyed with silver), the eye receives blue light. M. MELSENS, therefore, thinks that persons laboring under the inconvenience of weak eyes will derive great relief from spectacles so prepared.—*Galignani*.

Guaco as a Remedy for Cholera.

A series of observations on the treatment of cholera by "guaco," during the worst period of the epidemic at Amiens, France, is presented by Dr. BOURNEVILLE, as giving the following results; 1. Confirmed cholera, refractory to ordinary treatment, 10 cases, 6 cures, 4 deaths; 2. Violent cholérine, 4 cases, 4 cures; 3. Choleriform diarrhœa, 4 cases, 4 cures. MUTIS, the learned *quino-logist*, brought this plant (guaco) to our knowledge, and considered its discovery one of his most valuable scientific conquests. It is unnecessary to say that, concurrently with the cinchonas, guaco was used by the South American Indians long before our *savans* discovered it. For the Indians the bark was the specific for fever, the guaco for poisoned wounds and the like. They used internally the juice of the plant, and externally its powdered leaves. It is but recently that Dr. PASCAL TARDIEU and friends made experiments upon guaco prepared in the forms of wine, elixir, and infusion, and found it possessed of valuable properties, arousing to action the entire digestive apparatus.

The *Abeille Médicale*, from which we condense these facts, boasts of the exactness with which the observations were made and recorded, but does not give any details.—*Medical Record*.

Prizes

A prize of two hundred dollars, to be awarded March 1st, 1867, is offered by Professor JEWETT, of Yale College. Subject—"By what hygienic means may the health of armies be best preserved?" The prize is open to competition for all surgeons and physicians of the United States and British Provinces of North America. In the award, the literary merit, as well as the scientific value, of the papers submitted will be taken into consideration. The essays may be forwarded to either of the Committee—accompanied by a sealed envelope containing the name and address of the author. Committee: Dr. B. F. CATLIN, West Meriden, Conn.; Drs. L. J. SANFORD, and HENRY BRONSON, New Haven, Conn.

The ninth triennial prize of three hundred

pounds, under the will of the late Sir ASTLEY COOPER, Bart., will be awarded to the author of the best essay or treatise on the disease known as Pyæmia. Essays written in the English language, or, if in a foreign language, accompanied by an English translation, must be sent to Guy's Hospital, London, on or before January 1st, 1868, addressed to the Physicians and Surgeons of Guy's Hospital.—*N. Y. Med. Journal*.

— On the night of Oct. 22d, Dr. J. K. ROBINSON, of Salt Lake city, Utah Territory, was decoyed from his home under the pretext of his professional services being required, and murdered. The cause is not stated. A reward of \$7000 has been offered for the apprehension of the assassins.

— THE NEW FRENCH PHARMACOPŒIA.—This important work will shortly be published. Dr. DUMAS, the eminent French chemist, has written for it an extremely elaborate preface which several medical papers of Paris have published separately.

— By the official returns in the Madras district of Gaugam, the number of people daily fed is 2480. In the last week of June 3000 persons died from starvation in Cutrack alone. Up to the 11th of August, Government had spent £80,840 in relief.

— Dr. I. I. HAYS, lately in the United States service, in charge of Satterlee Hospital in this city, has prepared for the press a work on his polar expedition in 1860. He is now, we believe, a resident of New York city.

— Dr. CHARLES VOGT, it is said, will give, at the beginning of the new year, a series of lecture (*conférences philosophiques*) in Paris, on the origin of man. Dr. VOGT is celebrated, both as a naturalist, and as being the friend of Prince Napoleon, whom he accompanies on his travels.

— Dr. JOSIAH ANKIM died in Chester county, Pa., on the 20th day of September, in the 90th year of his age. He was born in Lancaster county, Pa., but had practised medicine many years in Chester county. He was a member of the Presbyterian Church.

Army and Navy News.

NAVY.

List of changes in the Medical Corps of the Navy, during the week ending November 17, 1866.

Surgeon D. Kindelberger, ordered to temporary duty on board U. S. S. De Soto.

Acting Assistant Surgeon Geo. S. Tife, appointed an Assistant Surgeon in the regular service.

Acting Past Assistant Surgeon Geo. L. Simpson, detached from the Yantic, and placed on waiting orders.

ARMY.

APPOINTED.—Dr. A. V. Cherbonnier, late Acting Assistant Surgeon, U. S. A. Medical Store-keeper United States Army, to date October 25, 1866.

MUSTERED OUT.—Surgeon Caleb W. Horner, (Brevet Lieut. Colonel.) United States Volunteers. Hospital Chaplain John C. Jacobi.

ORDERED.—Brevet Major A. F. Mechem, Assistant Surgeon, to duty at Fort Buffalo, New York.

MARRIED.

HARRISON—CAMERON.—In Lewisburg, Union county, Pa., 14th inst., by the Rev. P. B. Marr, Dr. F. C. Harrison, of Bloomsburg, Pa., and Miss Jennie, youngest daughter of William Cameron, Esq.

MITCHELL—ROBERTS.—In New York, 14th inst., by the Rev. Wm. Roberts, D. D., Henry Mitchell, M. D., of Norwich, N. Y., and Lizzie M., only daughter of the officiating clergyman.

NICKERSON—LINCOLN.—In Hingham, Mass., 14th inst., by the Rev. Joshua Young, assisted by the Rev. Calvin Lincoln, Franklin Nickerson, M. D., of Lowell, and Mary Wallace, youngest daughter of David Lincoln, Esq., of Hingham.

TAYLOR—MCCLERY.—November 8th, 1866, by the Rev. Mr. Squire. Dr. James Taylor, of Coultersville, Pa., and Miss Josephine McClery, of Pittsburg.

DIED.

DAYTON.—At Natchez, Miss., November 8, of congestion of the brain, Dr. Ferdinand L. Dayton, son of the late Hon. Wm. L. Dayton, of New Jersey.

KENDRICK.—In Leppereil, Mass., November 12, Sarah Parker Kendrick, wife of Dr. Ellery C. Clarke, aged 33 years.

LAUBACK.—At Ottsville, Bucks county, Pa., Nov. 4th, Lizzie A., wife of Dr. S. Lauback, aged 25 years and 3 months.

LORD.—October 15th, of consumption, at the residence of his father, Dr. A. H. Lord, near Bellefontaine, Ohio, Brevet Lieut.-Colonel R. S. Lord, First U. S. Cavalry, aged 34 years.

SUTHERLAND.—In Washington, D. C., on the 12th inst., Kate B., wife of Dr. Charles Sutherland, U. S. A., and daughter of the late Judge Brewer, of Annapolis, Md.

TOWNSEND.—In Boston, Mass., November 17th, of cholera, Dr. Wm. E. Townsend.

OBITUARY.

Prof. Daniel Brainerd, M. D.

Kansas, Ill., Nov. 1st, 1866.

The following preamble and resolutions were unanimously adopted by the Esculapian Society of the Wabash Valley:

Whereas, The Allwise Dispenser of Events has removed from his labors Prof. DANIEL BRAINERD, M. D., thereby depriving our noble profession of one among its brightest ornaments; therefore,

Resolved, That in his death we recognize the hand of God, and bow in humble submission to His will; but at the same time we cannot but feel that a great light has gone out, because we esteemed him as among the greatest intellects in our profession in America. His unsurpassed originality of thought enabled him to grasp the most intricate subjects, and his clear and convincing manner of explaining his views to his class made him among the most useful of men.

Resolved, That in consideration of the distinguished worth and ability of Prof. BRAINERD, the great teacher, we, his co-laborers, desirous of manifesting our appreciation of his life and services, assist in the erection of a monument to his memory.

On motion, the above resolutions were referred to Committee on Publication, with the direction that they request their insertion in the MEDICAL AND SURGICAL REPORTER of Philadelphia.

S. J. YOUNG, Secretary.

METEOROLOGY.

November,	5,	6,	7,	8,	9,	10,	11,
Wind.....	N.	N.	N. W.	W.	S. W.	W.	S. W.
Weather.....	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.
Depth Rain.....							
Thermometer.							
Minimum.....	26°	29°	28°	35°	41°	39°	42°
At 8 A. M.....	33	33	44	48	50	52	55
At 12 M.....	38	37	55	58	61	59	63
At 3 P. M.....	40	36	56	56	60	60	65
Mean.....	34.25	31.50	45.75	49.25	53.	52.50	56.25
Barometer.							
At 12 M.....	30.6	30.6	30.4	30.3	30.2	30.2	30.1
Germantown, Pa.							

B. J. LEEDOM.

PHILADELPHIA

SUMMER SCHOOL

OF

MEDICINE.

No. 920 Chestnut Street, Philadelphia.

ROBERT BOLLING, M. D.

JAMES H. HUTCHINSON, M. D.

H. LENOX HODGE, M. D.

EDWARD A. SMITH, M. D.

D. MURRAY CHESTON, M. D.

HORACE WILLIAMS, M. D.

The Philadelphia Summer School of Medicine will begin its third term on March 1st, 1867, and students may enjoy its privileges without cessation until October.

The regular Course of *Examinations* and *Lectures* will be given during April, May, June, and September.

FEE, \$50.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, and in Practical Obstetrics. They will be enabled to examine persons with diseases of the Heart and Lungs, to attend women in confinement, and to make microscopical and chemical examinations of the urine. The class rooms, with the cabinet of *Materia Medica*, Bones, Bandages, Manikins, Illustrations, Text-books, Microscope, Chemical Reagents, etc., will be constantly open for study.

SURGICAL DISEASES OF WOMEN. A Course of Lectures will be delivered by H. LENOX HODGE, M. D., on Displacements and Flexions of the Uterus; Inflammation of the Uterus; Polypi; Fibrous Tumors and Cancer of the Uterus; Inflammation of the Ovaries; Tumors of the Ovaries; Ovarian Dropsy; Sterility; Vesico-Vaginal and Recto-Vaginal Fistulae.

PERCUSSION AND AUSCULTATION in Diseases of the Lungs and Heart will be taught by JAMES H. HUTCHINSON, M. D., by Lectures, and by the Clinical Examination of patients.

WINTER COURSE OF EXAMINATIONS will begin with the Lectures at the University of Pennsylvania in October, and will continue till the close of the session.

Candidates for admission to the Army or Navy, and those desiring promotion to a higher grade, may obtain the use of the Class Rooms, and be furnished with private instruction.

Fee for Office Students (one year), \$100.

Fee for one Course of Examinations, \$30.

Class Rooms, No. 920 Chestnut St., Philadelphia.

Apply to

H. LENOX HODGE, M. D.,

479—530*

N. W. corner Ninth and Walnut Streets.

THE MEDICAL AND SURGICAL REPORTER.

No. 509.]

PHILADELPHIA, DECEMBER 1, 1866. [Vol. XV.—No. 22.

ORIGINAL DEPARTMENT.

Lectures.

A LECTURE ON THE TEMPERAMENTS: THEIR INFLUENCE UPON MENTALITY AND DISEASE IN GENERAL.

By PROF. A. P. DUTCHER, M. D.,
Of Cleveland, Ohio.

The doctrine of the temperaments, or *crases*, was taught at a very early period of medical history. HIPPOCRATES appears to have been the first who described them in order, and gave them an enduring place on the page of medical science. He supposed that the condition of the animal frame was chiefly influenced by the nature and proportion of its radical fluids, at least far more so than by those of its solids. The radical fluids he conceived to be four, the elementary materials of which were furnished by the stomach, as the common receptacle of the food; but each of which is dependent upon a peculiar organ for its specific production or secretion. Thus, the *bilious temperament* he apprehended to be caused by a surplus of yellow bile, and dependent on the action of the liver, the *melancholic temperament* by a surplus of black bile, and dependent upon the action of the spleen; the *sanguineous temperament* by a surplus of blood, and dependent upon the action of the heart; and the *phlegmatic temperament* by a surplus of lymph, or fine watery fluid, dependent upon the action of the brain.

This classification of the various temperaments has been in favor with physiologists until almost the present hour. Notwithstanding all the changes that have taken place in the sciences of physiology and anatomy, it is still the great foundation upon which alone we must build our system of the human temperaments. And when we use the word temperament, we desire to be understood as simply speaking of the constitutional differences between individuals, or the differences that are observed between men, which are dependent upon the relative predominance in each, of their organic system. For all practical purposes, the various temperaments may then be classed as

follows: 1st, the lymphatic; 2d, the sanguine; 3d, the nervous; and 4th, the bilious. We shall describe each of these temperaments particularly for two reasons; *first*, because they are very imperfectly described by our standard writers on the principles and practice of medicine; and *second*, because an accurate knowledge of them is useful in making out a diagnosis and prognosis of nearly every case of disease that you may be called upon to treat.

I. The Lymphatic Temperament.

On a careful inspection of the physical conformation of those who possess this temperament, you will find that the proportion of fluids is too considerable for the solids, or in other words, the excretory system, which separates them from the great mass of the blood, is in special activity; and the result is that the body obtains an increased bulk from the repletion of the cellular tissues. Hence the fleshy parts are soft, and the temperament is one of comparative dulness, inactivity, and debility.

Of those who possess this temperament, the stature is rarely lofty or athletic. The complexion is light, but instead of being delicately or brilliantly fair, its whiteness is dull and dead-like, indicating a deficiency of the red corpuscles in the blood, and a languid and scanty circulation of the blood through the skin. The eyes are usually blue, but sometimes gray and hazel. The hair is light, soft, and sometimes flowing. The expression of the countenance is deficient alike in vivacity and strength. The movements of the body are slow and ungraceful.

Individuals of the lymphatic temperament seldom accomplish much in this driving world of ours. They lack constitutional vigor, which is universally attended with a want of mental vivacity and power. But it would be incorrect to attribute intellectual imbecility and apathy as belonging exclusively to this temperament, for where the sensitive apparatus is well developed in the individual, they sometimes possess as great energy of the intellectual faculties as persons of the other constitutions, and may be endowed with very strong passions. But strength is wanting to enable them to turn these faculties to a

useful account; intellectual labor wearies them, and the indulgence of the passions destroys them.

This temperament is not unfrequently found very marked in childhood, even in those whose antecedents would lead us to predict for them a full and predominating measure of some one or more of the other constitutions. The continuation of this temperament in such is generally limited by the age of puberty, when it is almost imperceptibly merged into some of the other habits. Again there are others, in whom a strong predisposition to this temperament is inherent and in whom it ultimately predominates. Let these same persons, thus predisposed, pass an active and stirring childhood and youth, and a busy active manhood, and this temperament will remain latent and undeveloped until the approaching weaknesses and infirmities of age cause them to relax in their efforts for gain, to live more at ease upon the earnings of their earlier years, and to pay more attention to the demands of their failing physical frames, then the temperament becomes fully developed, and the individual assumes the magnitude and dimensions of a modern London alderman.

But when a young person, predisposed to this temperament, gratifies it in its demands for ease and indolence, and at the same time places no check upon his appetite, but eats, drinks, sleeps, and is merry; avoids active exercise as much as possible, and cherishes his ease-loving and indolent propensities; becomes gross, fat, and sensual, he may expect to reap as a harvest for his indulgence, among other things, a sensual and grovelling mind, incapable of high mental emotions, or long continued exertions, a gross, unsightly, and unwieldy body, keenly alive to the slightest changes of temperature, exceedingly predisposed to attacks of gout, rheumatism, asthma, fever, apoplexy, cancer, and tuberculosis.

Persons of this temperament are poor subjects for surgical operations. Indeed, all grave injuries and maladies sweep them off with the besom of destruction. They appear to have no vitality to resist the ravages of disease. They speedily succumb to cholera, typhoid fever, diphtheria, and scarlatina. In the two first diseases, I never look for the patient's recovery, if he be a subject of the lymphatic temperament; in the two latter they may sometimes, but I never make a favorable prognosis. Several years since, I was invited by the lamented Dr. W. COCHRAN, of Darlington, Beaver county, Pa., to see some patients of his, suffering with scarlatina. We entered one house, where three little children were afflicted with

the disease. After we had examined the patients and retired, the Doctor appeared quite astonished, when I told him I thought he would lose them all, for he considered them the most favorable cases he had under treatment. They were all of a highly lymphatic temperament. My prognosis was correct.

Individuals of this temperament are peculiarly obnoxious to pyæmia. Their blood appears to be so wanting in vitality, that the slightest causes will sometimes render it so purulent that it is unfit to carry on the healthy nutrition of the various tissues of the body. Hence the prick of a needle, the scratch of a pin, or the sting of a bee, which in other persons only produce momentary inconvenience, may in this state of the system induce fatal consequences. The reparative process is very feeble in individuals of this temperament, and when they do not succumb to the primary shock of an extensive injury or a capital surgical operation, they subsequently perish from the want of power in the system to heal such mutations. In making out the prognosis of any disease, we would always do well not to leave out of our account the patient's temperament.

II. The Sanguine Temperament.

This temperament differs very widely from that first described. All here is life and activity. The complexion is fair and ruddy. The skin is amply supplied with good blood. The eyes are commonly gray, blue, or light hazel. The hair is yellowish, flaxen, or auburn, and sometimes sandy and red. The countenance is usually sprightly and cheerful. The temper, though varied, is rarely ever gloomy, dull, or morose. All things are in the spring-time to it. A fulness of life, with something of levity and thoughtlessness, rather than strength and steadiness, characterizes this temperament. Persons possessing it are seldom masterly or profound. They are pleasant companions, but are better fitted to accompany, or follow and execute, than to lead and command.

Notwithstanding persons of this temperament usually want mental daring, yet among them may be found individuals of the greatest perfection of body to which man ever attains. But as in this world our Creator has wisely set one thing over against another, so he has made the most perfect machinery most subject to derangement. This temperament strongly predisposes to all inflammatory diseases and hæmorrhages, such as epistaxis, hæmoptysis, hæmatemesis, and hæmaturia.

The sanguine temperament is not commonly

fully developed till the system closely approaches or, in fact, arrives at maturity; for previous to that time, the blood goes to the nourishment and growth of the body; but after this, there being not so great consumption of the vital fluid, it may accumulate in the blood-vessels, and produce annoying and fatal congestions. If an individual of this temperament indulges freely in the pleasures of the table, and uses alcoholic stimulants freely, he may expect to suffer some acute disease or die suddenly with some complicated brain trouble. And if this temperament is combined with the nervous, which renders an individual irritable and irascible, his danger is many fold increased. Persons thus constituted, seldom live to old age, being cut off by their own imprudence, or by the turbulence of their own passions, in the vigor of manhood.

But we sometimes meet with individuals who have a temperament directly the opposite of this. It has been called by some writers the *ex-sanguine* or *anemic* temperament. They have the general physical formation of body that belongs to the sanguineous temperament, but their vital forces are so feeble, and their digestive organs so weak that blood is not elaborated in sufficient quantities to supply the wants of the various organs of the body. Hence the flesh is thin, the muscles are soft, the skin pale and ash-colored; all prolonged exercise of body or mind is insupportable. This class of persons are only possessed of some energy during their youth; they are unfit for the arduous duties of life; they wither prematurely; and if they are so unfortunate as to marry and become parents, their children commonly die in infancy, or are raised with extreme difficulty.

It is to individuals of this temperament that pulmonary tuberculosis proves so fatal. In the country we seldom meet with persons of this temperament. It is in large towns and cities where it most abounds, particularly where the sanitary conditions of the people are neglected, and vice prevails. The remedy for this, is to change as far as possible the individual's surroundings, adopt the anti-starvation system of living; and instead of an abstemious diet, let it be rather profuse than otherwise. In fact, a plan of living directly the reverse of what would be proper for the sanguineous, practised with liberality, and carried far enough to meet the entire wants of the case, is the one indicated by sound philosophy.

III. The Nervous Temperament.

This temperament is less definitely marked, and therefore more difficult to describe than either

the lymphatic or sanguine. The complexion, instead of being fair, transparent, or ruddy, or white, is light, delicate, and pearly. The hair, eye-brows, and eyes, are more frequently dark than light-colored. The sensibility is vivid and deep; the looks and expressions have a keenness inclining to intensity. The attention, though capable of rapid transition, is, while directed to anything, unwavering and close, and the movements are generally lively and quick. The frame is rarely of large dimensions, and the person is usually inclined to be spare. The manifestations, both mental and corporeal, bespeak a fitness for rapid and delicate action, rather than for great muscular strength.

Your observation will soon teach you that this temperament is favorable to thought and feeling. It is, so to speak, a mental intensifier. It develops and renders acute all our mental faculties. It gives to the artisan delicacy and beauty of touch and finish; to the professional man feeling, sympathy, and susceptibility; to the poet restlessness, intensity, and brilliancy; and to the orator vividness, splendor, and refinement of thought, word, and gesture. It is said that Lord BYRON possessed this temperament in an exalted degree. His poetry abounds in passages which express the language of this mental intensifier or temperament. Here is one of them:

"Could I embody and unbosom now

That which is most within me—could I wreak

My thoughts upon expression, and thus throw

Soul, heart, mind, passions, feelings strong or weak,

All that I have sought and all I seek,

Bear, know, feel, and yet breathe—into one word,

And that one word were LIGHTNING, I would speak!

But as it is, I live and die unheeded,

With a most voiceless thought, sheathing it as a sword!"

The nervous temperament preponderates very largely in our national character. It gives that quickness and susceptibility to new ideas and impressions, which so remarkably distinguish our people from any other on the globe. Indeed, it gives us the key to the wonderful progress of our republican institutions. Everything in this country must be done at once, and quickly, there is no time for delay; everything that moves must move with lightning speed. In this there is a striking contrast between the American people and Europeans. In the latter the lymphatic and sanguine temperaments predominate. They are slow and sure.

Our people are the fastest that have existed on the face of the globe since the beginning of time. This we believe is in a great measure due to the predominance of the nervous temperament. Notwithstanding all our sins, both of omission and commission, civilization is to day further ad-

vanced in the United States than any other country in the world. In many respects it is the oldest nation on earth.

It is the preponderance of this temperament that gives the American people that peculiar mentality which enables them to comprehend every subject that proposes the advancement of society, and readily to advise means for appropriating the improvement to their own benefit. If you doubt this, look at the improvements that have been made in our mechanical and agricultural implements. Look at the steamboats ploughing all our navigable streams; see the canals, railroads, and lightning-wires belting the continent, and even connecting continents—and the country only about two hundred years ago an unbroken wilderness, the abode of the wild and untutored Indian! The great danger is we move too fast, and unless we slacken our speed, and become more cautious, we will break down, and fearfully jeopardize the perpetuity and glory of our republican institutions.

The great rebellion that has just closed was precipitated upon the nation, in a great measure, by the high nervous temperament of the southern people, particularly their leaders. No living man has a more marked development of this temperament than Jeff. Davis, indeed it has been the bane of his existence.

Individuals of this temperament are more prone to acute than chronic diseases. The slighter causes of disease affect them more readily than others. Thus a shock or accident sufficient to cause a trifling illness in the lymphatic, will in them often produce fatal illness. Persons of the nervous temperament are usually more subject to convulsive difficulties than others, and the influence of the habit is also frequently very obvious in the temper, showing itself in petulance, ill-nature, and all the petty, rankling passions that agitate the human breast, and renders the individual and all his friends most miserable.

This peculiar manifestation of the nervous temperament is very unpleasant when encountered, as it often is, in the every-day practice of the physician. And it requires the patience of a saint to keep one's equilibrium, and endure the petulance of those who are often but patients in name. The wonderful sympathy that exists between all the various organs of the body is greatly intensified by this constitution; hence disorders, denominated sympathetic, are more severe in this temperament, and assume almost a Protean form. This is especially the case in *hysteria*, where the most eccentric phenomena are manifested, that ever fall to our lot to contemplate. They are, no

doubt, many of them due to the predominance and activity of this temperament.

IV. The Bilious Temperament.

This presents a character far different from any that we have described. It can boast of nothing fair or ruddy, soft or delicate. Every feature of it is masculine and staunch, and their combination indicates rigidity, sternness, strength, and power. The complexion is brown or olive, according to the influence of climate and exposure. The hair is black, strong, coarse, and sometimes curly and bushy; the eyes are dark and lustrous, and the expression of the countenance is resolute and manly. The person, though never full in flesh, is highly muscular. The stature is rather tall, and the frame is close built and sinewy.

The temper of individuals of this temperament is commonly abrupt, impetuous, and violent. When their mental organs are large and well-formed, they manifest great vigor in the conception of a project, steadiness and inflexibility in pursuing it, and indefatigable perseverance in its execution. It is to this temperament we are to refer the men who at different periods of time have seized the government of the world; hurried forward by courage, audacity, and activity, they have signalized themselves by great virtues, or by great crimes, and become the terror or the admiration of the world.

Persons of this temperament are very liable to suffer from derangements of the biliary organs, such as congestion, inflammation and fluxes, which produce indigestion, with frequent eructations, acid bilious flatus, and great depression of spirits. A decided bilious habit was so intimately associated with sadness, that ancient authors called it the melancholic temperament. There cannot be the least doubt but a deranged condition of the biliary functions, is almost always associated with low spirits or hypochondria, and each has, in its turn, been assigned as the cause of the other.

The symptoms between the digestive apparatus, (including the biliary organs—the liver,) and the brain are so intimate, that there is often an impossibility of deciding which is primarily affected; still the result is the same: namely, melancholy, hypochondria or depression of spirits. Insanity is more intimately associated with this temperament than any of the others, and being in a great measure hereditary, it may be transmitted to the remotest generations, unless the succession is interrupted by intermarriages.

In studying the temperaments as now described, you will not always find the line of demarkation so very clear in all cases; or the dis-

inctive and peculiar features so prominent. On the contrary, they are so blended and combined, that they form a compound temperament—a union of two or more, with characteristics proper to each. Thus the sanguine may combine with the lymphatic, forming the lymphatico-sanguineous temperament, very properly called by some, the vital temperament. Individuals who have it, are throughout their life loaded with blood and lymph; their body is soft and awkward in its movements, though possessing strength and heat. Their viscera are always engorged, their mucous membranes secrete freely, and their lymphatic ganglions are more defined than in the other temperaments. This is the most usual temperament of children; and among adults of women, who recede less than men from the physical characteristics of early life.

Again, the nervous temperament may be associated with the sanguine, forming the nervo-sanguineous temperament, but it is more commonly joined with the bilious. A combination of the temperaments is more difficult to deal with, when disease occurs, where the features of each are well marked, than when only one exists—just as the offspring of the lion and tiger is the most ferocious and untamable of all beasts, uniting the savage ferocity of the one, with the strength and royal independence of the other.

Communications.

HOURLY GLASS CONTRACTION OF THE UTERUS.

By G. H. MINER, M.D.,

Of Morris, Connecticut.

I was called on Sunday morning, November 4th, 1866, at about five o'clock, to see Mrs. Maria C—, aged 27 years; strong and healthy, in her third labor. The patient living some distance from me in a town adjoining (Litchfield,) caused some time to elapse necessarily before my arrival. She had been sick all night, in fact for nearly twenty-four hours. I found the labor natural, and far advanced, and it was terminated with very little extemporaneous aid, in about three quarters of an hour. The patient being rather exhausted, I ordered her to take whisky-punch, and after allowing her to rest for about half an hour, proceeded to remove the placenta. She was then having some pains, and contraction had taken place. I took hold of the cord, and passed my finger as high as possible, but could not feel the placenta. I then made slight traction on the

cord, and found that it was tearing away. I made a second effort, and though slight, the cord and entire membranes came away but no part of the placenta. The effort made on the cord was much less than I have made in other cases, yet it came away. It was then I realized that I was in the dark, no guide, in other words, candle out. Knowing that there must be a removal of the placenta, I proceeded to enter one finger, then another, and so on till my whole hand was inserted to the wrist, when I encountered with my fingers a firm circular band around the uterus, like a string around the middle of a bladder, no placenta to be felt. I could just insert one finger a little way in the centre of the ring, which caused the patient great pain and to complain bitterly. I then gave her to understand that all and no more than was necessary would be done, and after quieting her fears proceeded with one finger after another, till my whole hand passed through the band, when it seemed as if my hand had entered a sort of ante-chamber. I there found the placenta firmly adherent. I laid hold of it, but could effect no separation, till I had perforated it through and through three or four times as I usually do, rather than make much traction.

When I found that it was loosening, I passed my fingers to the most remote and upper part of the uterus, my arm being then inserted to the elbow, as the womb was exceedingly elongated, and by inserting my fingers carefully and slowly between the uterus and placenta soon effected a complete separation. I then seized the placenta, and the pains being considerable, withdrew it slowly, only just so fast as the womb contracted firmly and closely; I followed up and was enabled soon to bring it away without the least flooding, the womb being properly contracted. The placenta was large, and had a greenish or snuff-colored appearance of the tissues about the insertion of the cord, which accounts for its easy separation; it looked as if gangrenous around the insertion of the cord. The patient was bandaged, took some nourishment, and was placed in bed. I enjoined strict quiet. Next day very comfortable, not much local soreness or tenderness, very little lochial discharge. I suppose that the manner in which the placenta was removed, mopped out, as it were, the entire parts in its outward passage. Five days after, called and found the patient sitting on a chair. On asking her how she was, she answered,—“pretty well.” This is the third case of hour-glass contraction that I have attended out of a great many cases. I believe they are not common, therefore, I offer this for public record.

BIOGRAPHICAL SKETCHES OF Distinguished Living New York Physicians.

BY SAMUEL W. FRANCIS, A. M., M. D.,

(Fellow of the New York Academy of Medicine.)

X.

Isaac Wood, M. D.,

(President of the Medical Board of Bellevue Hospital.)

"How shall we then wish, that it might be allowed us to live over our lives again, in order to fill every minute of them with charitable offices?"—*Atterbury*.

Dr. ISAAC WOOD was the fourth son and sixth child of SAMUEL WOOD and MARY LEARING, there being thirteen children in the family; of whom seven were sons and six daughters. With the exception of the youngest girl, who died in her infancy, all of them stood around the grave of their father, who died at the advanced age of 84, the youngest being at that time between forty and fifty years old. Their mother died in her ninety-first year. SAMUEL WOOD, father of the subject of the present sketch, came to New York in 1803, with ten children; and in 1804 opened a bookstore at 362 Pearl Street, afterward moving to 357, which number was subsequently changed to 261. The store was six stories high in front, and seven in the rear, situated nearly opposite to what is now the United States Hotel, and was considered at that time one of the architectural feats in the city. It was through his instrumentality that juvenile pictorials were largely introduced, and when one considers the present high prices that are paid for the intellectual amusement of the young, as compared with the old-fashioned two-penny serials, the progress of the times may be more fully appreciated. Four of the sons, SAMUEL S., RICHARD, GEORGE SIDNEY, and WILLIAM, went into their father's business, and enlarged their publications to those of medical works, including the American edition of the *Medico-Chirurgical Journal*, and others of a similar character. The brothers associated themselves under the name of S. S. & W. Wood, and for many years transacted their business at 389 Broadway—moving in the last few years to 61 Walker Street, where medical, scientific, and agricultural works are now published and imported, under the name of WILLIAM, and his son, WM. H. S. WOOD.

SAMUEL WOOD devoted much of his time to the consideration of Public and Free Schools, for both white and black children. It was through his agency that much of that trifling and absurd matter was removed from children's books, and a moral and useful series of "Juveniles" were introduced. He was one of the founders of the American Bible Society, the New York Institu-

tion for the Instruction of the Blind, the House of Refuge, and, with JOHN PINTARD and others, founded the first New York Savings Bank. SILAS WOOD was a successful merchant of the firm of BYRNES, WOOD, and TRUMBULL, and established with them the second line of packets that sailed between New York and Liverpool. RICHARD invented an inking-machine, which was very popular previous to Hoes' great printing press, and obtained a patent both in this country and abroad.

Dr. ISAAC WOOD was born in Clinton Town, Nine Partners, Dutchess county, State of New York, the 21st of August, 1793, and was sent to various schools, one of which was under the direct government of JOHN GRISCOM, LL.D., Professor of Chemistry in the New York Medical Institution, and Principal of the New York High School. His classical studies were followed under the tuition of the celebrated Scotch clergyman, FREDERICK MACFARLANE.

He did not pursue any extensive course in a literary college, but, in April, 1811, entered the office of Dr. VALENTINE SEAMAN, one of the attending surgeons of the New York Hospital, and studied with zeal and industry, often sitting up till 4 and 5, A. M., while busily engaged in the investigation of some fascinating disease. This same interest in his profession ever marked his course. A conscientious student's lifetime was not as luxurious and free from labor then as it now is. At the present time the student is instructed by *results*, but at that time—some fifty years ago—it was his special privilege and duty to keep the office in order, compound the medicines, collect his preceptor's bills, distinguish a drug at sight, besides paying \$200 a year for this special indoctrination in the mysteries of a medical man's experience.

The greatest difficulty at that time to meet with in the pursuit after knowledge was the dissection of a subject. For not only was it against law and popular opinion to obtain a body, but even after one was secured, few can now appreciate the dangers incurred that it might be kept till thoroughly examined. Many risks were run, and stratagems adopted to accomplish this end, in order to circumvent prejudice, that mental squint of an over-balanced intellect.

In speaking to me on the subject one day, Dr. WOOD remarked that he had often been obliged to cross rivers, travel for miles, and when night clouded vision, dig up the body of some poor creature, when it was so cold that his companion, who was on the look out near the fence, had to run up and down to prevent freezing, and even

then, when the body was secured, the grave covered up and smoothed over, and the dead man placed in the wagon, wrapped in a cloak, and sitting by his side like some pale traveler, his friend must leave him, for neighbors were on the scent, and he had to drive some twelve miles with a coroner's jury theoretically by his side, and the verdict "guilty" staring him in the face. Should the horse fall, or a turnpike arrest his progress, or he grow sick, all would be over. On one occasion, in this city, he went out with two other students, and having obtained the body from Potter's Field, tied its hands and feet together, and, fastening it (a small subject) round his neck, so as to be suspended in front, threw a large cloak or Mackintosh over all, and walked down Broadway at night, locking arms with his two friends, and passing within two yards of the night watchman, who looked upon them and their singing, as gay and festive youths returning from a genial symposium.

On two different occasions he was forced to flee from the city, having been betrayed by one of his hired assistants, a colored man. So eager was he to improve every opportunity, that in order to avail himself of each dissection, he would not unfrequently go from dinner to dinner (twenty-four hours) without food; proceeding from the New York Hospital, when he was on duty, to the dissecting room or lecture, to save time. Often did he scale the hospital gate at four in the winter morning, to study with his colleague, Dr. J. C. BLISS, until sufficient light permitted him to attend and prescribe for the patients; after which he went to breakfast. He was assistant house-surgeon one year, and house-surgeon one year, from 1815 to 1816. He was licensed to practice medicine by the New York State Medical Society, in June, 1815. Many of the students and aspirants at that time considered the examination before the "censors" more searching and creditable, and the diploma more honorable, than that of the college. Among these may be mentioned, Drs. J. K. RODGERS, J. C. CHEESEMAN, MCCAULEY, etc. Dr. ISAAC WOOD was graduated under the authority of, and received his diploma of M. D., 1816, from Queen's, now called Rutgers' College, of New Brunswick, New Jersey—the New York Medical Institution not being vested with the authority to grant diplomas. The professors at that time were Drs. NICHOLAS ROMAINE, JOHN WATTS, JR., VALENTINE SEAMAN, THOMAS COCK, JOHN GRISCOM, LL.D., BRUCE, BAYARD, and EDWARD MILLER. His Thesis was on Carditis and Pericarditis.

At this time it was even difficult to obtain per-

mission to examine a patient after death. On one occasion Dr. WRIGHT POST spent an hour in endeavoring to persuade a woman, by every argument he could call up, to grant him the privilege of performing a post-mortem on merely the leg of her husband. Having operated on him for popliteal aneurism, and without success, it was his earnest wish to ascertain why the desired effect had not been realized. But so determined was her negative answer, that all he could say or do produced nothing but irritation and positive refusal to comply.

On another occasion, when Dr. ISAAC WOOD was busily engaged in an autopsy at a city dispensary, the husband of the subject, overcome by impatience, though he had accorded permission, became so infuriated that he endeavored to beat the door down. In consequence of this, the Doctor and his associates were forced to abandon the examination, and hurriedly sew up the partially dissected woman; for, had he seen her under the exposed circumstances, a mob would speedily have been formed, and danger invaded that quiet department. It is well that a few instances of this character are occasionally brought before the present generation, for, without comparison, the man of study at this day would not sufficiently appreciate his comforts, or fully comprehend the extra facilities accorded every one.

Formerly it was the instructor's fault if his students were not well versed in medical lore. Now the young doctor is the only one to blame, if, surcharged with an excess of facts and demonstrations, he is incapable of assuming the responsibilities of his profession, and does not comprehend the mysteries of microscopic anatomy.

Dr. Wood's health, with but few exceptions, has been excellent, attributable in a great measure to his early rising when young, and an immense amount of out-door exercise. But, though free from ordinary ailments, he may be considered the special favorite of Providence, in a physical point of view, for there are few men living, save those who have been engaged in battle, whose escapes have been as wonderful, or their immunity from death so marvellous. In speaking one day to me on the subject, he said: "I am now seventy-three years old, and my life has been miraculously spared over seventy-three times. I have met with accidents, fallen out of windows, been thrown from carriages, run over, and mercifully preserved."

Dr. Wood's father for some time followed the doctrines of the Episcopal Church, but latterly became a member of the Society of Friends, in which creed the son is now a strong believer—

and certainly there is much in that simple faith worthy of emulation, for the Quaker aims at simplicity of manners, cleanliness of habits, and charity of speech.

At the time of the prevalence of typhus fever in Bellevue Hospital and the Penitentiary, many fell victims to this direful scourge, and those who died in a greater ratio than even the prisoners were the attending physicians and keepers of these charitable institutions, to an extent equal in the proportion of five to one. Three of the assistant physicians were prostrated by the fever at one time, when Drs. GRISWOLD, BORD, and TRIPLER might be seen in the same room. They, however, after a narrow escape, finally recovered. Dr. TRIPLER lived till very recently, having filled a responsible position in the Army Medical Board, and Dr. BORD took an active interest in the Health Department of Brooklyn. At that time Dr. ISAAC WOOD was by appointment attending physician, and a committee, composed of Drs. J. M. SMITH, BAILEY, and WOOD, strongly recommended the Common Council to remove all the inmates from the prison, and promised, as their belief, that if this were done, no new cases would break out, as it would afford ample opportunity for cleansing the cells and localities. Their wishes were gratified, and resulted most favorably. The treatment on this occasion admitted of but little stimulation.

When the cholera broke out in this city in 1832, the resident, Dr. WOOD, who had foreseen its arrival, when raging in Canada, predicted its ravages at Bellevue Hospital. In confirmation of his apprehension, out of two thousand paupers, patients, prisoners, and inmates, six hundred died!

Dr. ISAAC WOOD himself, among the first, fell sick of the cholera. Forty bodies laid in the dead-house at one time, the undertakers not being able to make coffins fast enough to bury them as they died, and in one instance the dead and the sick laid on the same bed. And on not a few occasions, Dr. WOOD, while going through the wards, was obliged to step over the dead and dying, who were lying in rows on the floor, the nurses not having time to prepare beds, as the patients were taken so suddenly.

While in Bellevue, Dr. ISAAC WOOD performed nearly all the surgical operations that were required. Dr. STEPHEN C. ROE, the consulting surgeon, occasionally operating himself. It is generally conceded that Dr. I. WOOD was the first to remove the ends of the bone in lacerated injury of the elbow-joint. His first case succeeded so well that the patient could use his arm during ordinary labor, not having lost the power of flexion.

Dr. WOOD's height is about 5 feet, 4 inches; and weight about 175 pounds. On asking him his opinion of smoking, he replied, "I have not for smoked more than thirty years past. I believe it detrimental to many persons, and in various ways."

Dr. WOOD married three times, and has had four children. His only daughter married Dr. THOMAS F. COCK, of this city, and died in 1863. But one son, F. AUGUSTUS WOOD, is still left to him.

Dr. WOOD for many years connected himself with the more prominent associations in this city, a chronological list of which cannot fail to prove of value, as portraying the varied field of his labors, and the deep interest he took in the advancement of science, and the welfare of humanity.

1. He was elected a member of the Society of the New York Hospital, 6th January, 1818.

2. Member of the New York County Medical Society, 10th June, 1820.

3. Consulting Accoucheur to the Out-Door Lying-in Charity for the Second Ward, Dr. GILBERT SMITH, President, Sept. 18th, 1823.

4. Member of the Society for the Reformation of Juvenile Delinquents, CADWALLADER D. COLDEN, President, July 18th, 1825.

5. Appointed by a Committee of Common Council, April 14th, 1825, in conjunction with Drs. JOSEPH BAILEY, JOSEPH M. SMITH, and STEPHEN BROWN, to visit the Penitentiary, and report on the nature of the disease (typhus fever) at that time doing sad havoc among the sick, and to suggest the necessary treatment and precautions to be followed out.

6. Consulting Physician to the Almshouse and Penitentiary at Bellevue, Oct. 17th, 1825.

7. Resigned from the City Dispensary, 19th December, 1825.

8. Member of the New York Eye Infirmary, of which institution WM. FEW, Esq., was President.

9. Fellow of the College of Physicians and Surgeons, Aug. 4th, 1829.

10. Resident Physician of the Almshouse and Penitentiary; being elected by the Common Council January 29th, 1826, which position he resigned January 1st, 1833.

This was caused by his having had the cholera in 1832. The attack was so severe, and prostrated him to such an extent, that he did not fully recover his former tone and powers of physical endurance till about 1837, some five years after.

11. Life Member of the American Bible Society, February 3d, 1842.

12. Life Member of the New York Institution

for the Blind, of which charitable foundation he was a manager for some twenty-five years, and several years its President; at one time acting as recording secretary, and at another consulting physician. This close connection with those afflicted with loss of sight, enabled Dr. Wood to avail himself of the advantages which create experience, and ever since his first occupation of this position of trust, he has maintained a useful part in ophthalmic surgery.

13. Not long after this, a plan was set on foot to establish a society for the relief of widows and orphans of medical men who had died in pursuit of their noble profession. Dr. Wood quickly responded to the suggestion, and soon became an active member, filling, on different occasions, the position of Treasurer, and subsequently that of President. If any one would desire to learn of the benefit produced by this noble enterprise, let him peruse the reports, and look carefully over the statistical record. Surely few deserve so comfortable an old age as she who, "Doomed to early cares and trials, soon becomes the depository of her husband's secrets, the participator in all his sorrows, and the medium through which all by-blows are dealt at him. What other woman would submit, without a murmur, to the constant trials and hardships of a life devoted to every interest but her own; with a limit to enjoyment, a constant guard upon her tongue, all her little favorite occupations interrupted, her rest disturbed, her very bed deserted, night after night?" This quotation seems so apposite, that the thoughts of a fluent and kind-hearted humanitarian* have been cited by way of suggestiveness.

14. At the commencement of the foundation of the New York Academy of Medicine, Dr. Wood entered with zeal into its preliminary organization, and aided Dr. F. CAMPBELL STEWART not a little by his hopes of its wide influence and extensive usefulness. In due time he was appointed, in conjunction with Drs. VALENTINE MOTT and ALEXANDER H. STEVENS, to practically suggest any improvements as to its future scope. The suggestions made were adopted, and year by year the dignity of the Academy, as a whole, is being felt by the community at large. On two separate occasions, Dr. Wood was elected President, and during his incumbency, sought to carry out the prescribed regulations, at the same time endeavoring to bring about the harmony of discussion. So happy was his plausible manner, that he was repeatedly sent as a delegate from the Academy

of Medicine and County Medical Society to the American Medical Association, whose transactions are full of matter, and worthy of permanence.

15. He was duly associated with the Historical Society, November 7th, 1850, as one of its members; and (16) January 29th, 1857, he was elected a member of the American Geographical Society of New York, and has ever since taken an interest in the development of scientific research.

17. In 1824 he practically connected himself with the New York City Dispensary as its attending physician, ultimately becoming one of its consulting members, and (18) about the same time held similar positions in the New York Lying-in-Asylum, and Bellevue Hospital, Medical Board; (19) of which latter he has been the President many years.

20. January 7th, 1844, he was nominated and elected Inspector of Common Schools, and sought in many ways to better the condition of the young. The rapid growth of the public schools in New York is a source of great pride to the citizens. The hygienic rules, rigidly enforced—the varied systems so carefully carried out that the minds of the children are not wearied by monotony. The introduction of musical exercises at once appeal to the understanding, and rouses the imagination. Any one of the "old school" visiting public exhibitions, is amazed at the diversity of acquired information, and the thoroughness of the course. Questions in mental arithmetic, involving complex fractions, are answered by young girls in less time than it would take a well-educated graduate of some of our best colleges to work them out on paper. Much of this is due to the wise counsels of the Inspectors, and their disinterested watchfulness. But while all praise is due to their guardianship in behalf of the pupils, a word of caution regarding the teachers and their untiring labors might be urged. Are they confined to their duties too long, or have they more than one mind can grasp, to undertake? The question is asked, for they die off rapidly; and though their places are eagerly filled by those equally qualified, would it not be well to look to it, and see if the ratio of mortality could not be lessened?

21. Dr. Wood was appointed Consulting Surgeon to the New York Ophthalmic Hospital, April 12th, 1853; and November 12th, 1855, was formally elected one of the Trustees of the College of Physicians and Surgeons of New York, by the Regents of the University.

22. During the Rebellion he was an efficient member of the Sanitary Association, having fore-

* *Mysteries of Medical Life; or Doctors and their Doings.* By GEORGE ALLARTON, M. R. C. S., and L. A. C. London. 1856. A book worthy of universal perusal, from its ethical effect.

seen the wide field of usefulness it was to occupy in the alleviation of the sick.

23. For one year he was also the Treasurer of the American Medical Association; and (24) on various occasions, the presiding officer of the Kappa Lambda Society, and likewise, of the County Medical Society. These positions of trust and honor are indicative of the feelings of the profession toward one whose quiet and unostentatious career has been marked by a sense of duty to his fellow creatures, and who frequently sacrificed time, health, and private practice, for the benefit of those around. There are many who do good from instinct—a sort of physical conscience; but he who fully appreciates the thought that no part of God's world is idle, will go about doing good from a peaceful sense of christian obligation, emanating from pure love, which is the perfume of the soul.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
October 24, 1866.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Cataract.

S. F., æt. 22. He became gradually affected with blindness. An operation was performed on the left eye a year ago this month. It was not followed by severe inflammation. On examining the left eye, the pupil is found to be widely dilated, and the remains of the capsule of the crystalline lens are to be seen attached to the margin of the iris, trembling, as it were, in the aqueous humor. The pupil of the right eye is contracted, and there is opacity, either of the lens or capsule, or both, the cataract being adherent to the margin of the pupil all around. He has had amaurosis. There is no perception of light by either eye.

The sight of the left eye is irretrievably destroyed, in all probability, not by the operation, but by the disease which existed at the time the operation was performed, namely amaurosis. This affection, so beautifully described by MILTON, who was himself the subject of it, consists essentially in a disorganized condition of the retina and choroid coat.

There is cataract in the right eye. It is adherent to the margin of the iris, thus complicating the case. In addition to this, it is not at all improbable that there is a disorganized condition of the retina and choroid coat. If this should prove to be the case, and it is impossible to determine beforehand, an operation will be perfectly futile. If not, the chances are, when the opaque body is removed, there will be some sight.

The pupil of the right eye has been widely dilated with atropia, one-half a grain to one-half ounce of water, as a preliminary step. The cat-

aract-needle was dipped in oil, to facilitate penetration of the sclerotic coat. The head of the patient was supported by an assistant, by whom the upper lid of the right eye was elevated, the lower being depressed by the operator. The instrument was introduced with the left hand, about two and a half lines behind the cornea, and a short distance below the horizontal axis of the eye, for the purpose of avoiding the long ciliary artery. Penetration was readily effected, and the lens broken up. The eyelids were closed by strips of isinglass plaster, and a light bandage carried around the head. The patient was directed to be placed in a dark room, and to take one-fourth of a grain of morphia at once, to prevent unpleasant reaction.

This operation is sometimes, especially in persons of a nervous irritable temperament, followed by violent rigors and great constitutional excitement, attended with nausea and vomiting. This is effectually prevented, as a general rule, by the administration of a good dose of morphia immediately after, or a few minutes before the operation. No application is made to the eye itself, excepting now and then a little atropia, to keep the pupil in a state of dilatation. Should undue inflammation arise, resort will be had to the ordinary antiphlogistic remedies.

Anal Ulceration and Fistule.

Thos. G., æt. 38. He comes here on account of an affection in the ano-rectal region. He is emaciated from long suffering. The disease is of a little more than four years' standing. He has now a great deal of pain at all times, of an aching character, confined to the parts. It prevents sleep at night. When the bowels are costive, the pain is greater. It is very severe for some time after defecation.

The parts bear the mark of cicatrices, and there is a discharge of pus. There is an ugly-looking ulcer on the left side, which is quite deep, and the anus is apparently contracted. The sphincter muscle is very rigid, especially toward the right side, not on the left side at all. There is no disease in the rectum, above the sphincter muscle. There is an opening by the side of the anus, which may communicate with the interior of the bowel.

This is not an ordinary fistule. There is something more serious the matter. The sphincter muscle is perfectly hard on the right side. This could not be the case if there had been ordinary inflammation. The parts then might be hard, but there would not be such extraordinary hardness. The ulcer is syphilitic or carcinomatous.

The man acknowledges to having had buboes on both sides, but says he never had a chancre. It is impossible to determine whether this case is one of constitutional or tertiary syphilis, or whether it is cancerous. It is an interesting fact in connection with the history to know that this man has had buboes on both groins. He says he has had no venereal sore. But he might have had a chancre so small, and so rapid in its progress, as not to have attracted serious attention. The same treatment will be ordered as though it were determined that he is laboring under constitutional syphilis. If the affection be syphilitic, it will probably effect a cure.

He was directed to take six grains of the iodide of sodium, and one-tenth of a grain of bichloride of mercury three times a day. Locally, cleanliness was enjoined. Four times in the twenty-four hours the parts are to be washed with cold water and a little soap, and the dilute ointment of the nitrate of mercury, one part to seven of simple cerate, to be applied on a little patent lint, and pressed into the sore, to medicate the bottom as well as the edges. At night, an anodyne of two grains of opium was ordered.

Nevus Materni on a Finger.

Samuel C., æt. 6 months. He has a little tumor on the middle finger of the right hand, directly over the second joint, of a reddish color, and rough, rugous surface. This tumor was congenital. It is vascular in character, consisting essentially in an inordinate development of the vessels of the skin, and of the subcutaneous cellular tissue. When the veins are alone, or chiefly affected, the tumor is said to be venous; arterial, when the arteries are chiefly involved; and arterio-venous when both are dilated to nearly an equal degree. The arterial tumor pulsates generally synchronously with the contraction of the left ventricle of the heart, and becomes very much expanded under the influence of mental emotions, as when the child cries. It is this form of the affection which was described by Mr. JOHN BELL, of Edinburgh, in the early part of the present century, under the name of aneurism by anastomosis.

The tumor on this child's finger consists mainly of enlarged veins, the arterial capillaries being comparatively little affected. It is unpleasantly situated for an operation, being directly over a joint. A pin was passed longitudinally through its base, care being taken not to pass it through the joint, and the larger portion of the tumor embraced by a ligature. The part thus cut off from its sanguineous supply will rapidly mortify, and the inflammation will extend around into the morbid structures, and the plasma thrown out will close up the vessels, so as to obviate the necessity of future interference.

Hypertrophy of the Hair of the Scalp.

William L., æt. 6 months. He has a redundancy of the hair of the scalp. A large quantity of well-developed hair extends over one side of the forehead, imparting a curious appearance, and greatly interfering with the beauty of the child. Cases are sometimes met with where there is an entire congenital absence of hair. In this instance there is too much of it.

There are depilatories, or applications for the removal of hair, but they all labor under the disadvantage of greatly irritating and inflaming the skin, sometimes producing mortification, and yet not destroying the hair bulbs. The consequence is, that in a short time the hair is reproduced. They all consist for the most part of quick-lime in combination with arsenic, or sulphuret of sodium or barium.

The operation which will be performed in this case will be to shave off a portion of the thickness of the skin, including, if possible, the bulbs of the hair. It is not the object to scalp the child, which would be cutting away the whole of the

skin, but merely to remove a superficial part. This operation is indicated by common sense, it is not laid down in any of the books.

The child was put under the influence of chloroform, and a careful dissection made of a portion of the thickness of the skin. The hemorrhage was stopped by means of a styptic much used by Prof. PANCOAST, consisting of

R. Potassæ carbonatis,	ʒij.
Saponis,	ʒiv.
Spiritis vini rect.,	f.ʒiij.

Medical Societies.

NEW YORK MEDICAL JOURNAL ASSOCIATION.

Our readers have been informed of the existence and objects of this Association. The winter weekly course of re-unions was inaugurated at the new rooms of the Association, in the Mott Memorial building, No. 58 Madison Avenue, on the 5th of November, on which occasion general cards of invitation were issued to members of the profession. A large number responded, and about thirty new names were added to the roll of members.

On the 9th the second re-union took place, on which occasion Dr. GURDON BUCK, Surgeon to the New York and St. Luke's Hospitals, etc., made some remarks on the subject of

Plastic Surgery.

and submitted two patients who had been operated on.

The Doctor remarked that plastic surgery had been applied to the face more frequently than to any other region of the body:

1st. To remedy congenital defects, especially the varieties of hare-lip.

2d. To repair the loss of parts produced by disease, such as cancrum oris, syphilis, scrofula, lupus, etc., or by injuries inflicted by missiles, fire-arms, or other forms of violence.

The various operations of plastic surgery, for the most part, conform to two fundamental methods, the application of which to any particular case, must be determined by the judgment and ingenuity of the surgeon. They are,

1st. By gliding neighboring integument, that has been previously detached, so as to supply lost portions.

2d. By transposition; that is, raising a patch of integument more remote, leaving it attached at one extremity, and transferring it within the limits of half a circle, to the seat of the deficiency to be supplied. As is done, for instance, where a flap is raised from the temple to repair the eyelids, in which case the flap is made to sweep a quarter of a circle; or where a patch is raised from the middle of the forehead to repair the nose; in this case the patch is made to sweep half a circle.

Hare-Lip.

This plaster mask represents an example of double hare-lip, complicated with a double fissure of the hard palate, and a very salient intermaxillary bone. The intermaxillary bone, which expands out sufficiently to support three incisor teeth, is continuous with and terminates anteriorly the septum nasi. A central cordiform portion of the upper lip is continuous with the columna nasi, and rests upon the projecting intermaxillary bone. The alae nasi, with the halves of the upper lip, gap widely, the whole presenting a very revolting disfigurement. The patient was a girl, eight years old. The method of operating was as follows:

1st. Dissecting the central tongue of the upper lip from the intermaxillary bone, leaving it connected with the columna nasi.

2d. Excising the intermaxillary projection on a line horizontally with the inferior free edge of the vomer.

3d. Paring the edges of the central tongue, and applying and securing it by stitches to the fresh cut edges of the vomer, and thus completing the columna.

4th. The halves of the upper lip being put on the stretch, the mucous membrane was divided along the line, where it assists the upper jaw to cover the inside of the cheek; this division was carried as far out as the last molar tooth; it was also carried upward, on each side of the nose, toward the orbit. Upon the thorough performance of this step of the operation depends the facility of approximating the two halves of the lip, and securing them in coaptation without strain upon the sutures.

5th. Paring and coapting accurately the vertical edges of two halves of the lip, and securing them with sutures. No adhesive straps were applied. The progress and final result were satisfactory. This photograph shows the great improvement achieved by the operation.

Two Cases of Plastic Operation to Relieve Deformity of the Face.

1st. This boy has been a patient at St. Luke's Hospital, where the operations to be described were performed.

He is six years old, of German parentage, and resident of Williamsburg, Long Island.

About one year ago, while ill of a low form of fever, the destruction of the face took place, from what is supposed to have been cancrum oris. This plaster mask represents his condition before the first operation. The right half of the upper and lower lip, and the neighboring portion of the cheek, are gone, and also the columna nasi. The jaws are held in close contact by the cicatrix of the right cheek bordering the lost parts. The remaining left half of the upper lip terminates at the median line, below the septum nasi; the terminus of the left half of the lower lip extends a little further to the right side, beyond the upper lip.

Operation. An incision was carried transversely through the upper lip, at its junction with the nose, and continued outward through the left cheek, nearly to the masseter muscle; the same was done to the lower lip, on a line corresponding

to the line where the mucous membrane quits the lower jaw; this incision was parallel to the first, and carried to the same extent through the left cheek. The entire flap thus formed terminating by the two half lips, was stretched across to the right side, and secured to the edge of the cheek previously prepared, by detaching it extensively from the upper and lower jaw. In doing this it was ascertained that the lining mucous membrane of the cheek had been destroyed by the original disease, and the cavity of the cheek consequently was obliterated. Sutures were inserted in close proximity, to secure the most accurate adjustment of the part. The subsequent progress of the case was favorable, and the result obtained is shown by this second mask. You see the mouth is reconstructed, of natural form, but scanty in length, and situated very much to the right, so that its left angle is on a line below the left ala nasi.

A second operation was performed in September last, for the purpose of enlarging the mouth, by extending the left angle. It was done as follows: An incision along the line of the vermilion border was made, to circumscribe the left angle of the mouth, being carried only through the integument; a double-edged, sharp-pointed knife was then insinuated flatwise, between the cheek and lining membrane in a direction outward, as far as it was intended, to extend the mouth; the detachment of the lining membrane was also carried upward and downward at the same time. The cheek was now divided on a line with the commissure of the mouth, a distance of three-fourths of an inch. The lining membrane was divided to the same extent, and the edges of both accurately brought together, and secured with fine sutures closely inserted. Everything did well, and resulted, as you see, in the boy's present condition. His appearance is greatly improved, and something has been gained in the increased mobility of the lower-jaw; still further improvement may be realized by the persevering use of a wedge of wood, which he carries suspended to his jacket button-hole, and which he keeps between the teeth as much of the time as possible.

2d. The next case is an older boy, twelve years of age, of German parents, and resident in Jamaica, Long Island.

One year ago, according to his mother's statement, while she and her husband were both sick with intermittent fever, the boy took sick, and was cared for by the neighbors. After being in a state of delirium and unconsciousness for three weeks, the right cheek became red and swollen, and on examination by the doctor, a black spot was found on the inside of the cheek, that spread and resulted in the destruction of the neighboring parts, to the extent represented by this plaster mask, taken soon after his admission to St. Luke's Hospital. The right half of the upper lip, and neighboring portion of the cheek, and the right ala nasi, are gone. The teeth and gum, as far as the first molar, are exposed to view. The right half of the lower lip is stretched and lengthened, and terminates above and near the first right upper molar, where it adheres to

the maxilla. Articulation is somewhat defective; other functions remain unimpaired.

First Operation. The lower lip was divided at its right terminus, by an incision at right angles to its border, and to the depth of one inch. From this point another incision was carried transversely through the entire thickness of the lip to the middle of the chin, thus making a square-shaped elongated flap, lined by mucous membrane, and intended to be bent edgewise upon itself, and matched on to the end of the left half of the upper lip, in the median line. To effect this, however, it was necessary to divide the flap through half its breadth at its base, by an incision carried obliquely from the middle of the chin upward, and toward the left angle of the mouth. This permitted the flap to be bent edgewise, and to be brought in coaptation with the left half of the upper lip, which had been previously detached from the upper jaw extensively, upward and outward, and its end pared. One twisted fine suture, and several interrupted sutures, secured these ends in coaptation. To approximate the neighboring cheek to the newly transposed parts, it was necessary to carry an incision transversely across the upper part of the right cheek, and dissect up the integument from the subsequent tissues, so as to glide it forward to meet the transposed underlip, and fill up the space; this was accomplished, and nothing further attempted, after securing the parts in coaptation by numerous interrupted sutures. Adhesion by first intention followed almost completely. This plaster mask shows the result. The right half of the mouth is rounded, instead of angular and pointing.

Second Operation. This had for its object to raise a patch from the middle of the forehead to cover the right side of the nose and the neighboring deficiency of the cheek. The same successful result followed this operation as the preceding, and, as is shown by this third mask, a redundancy of the transplanted flap forms a salient eminence over the bridge of the nose.

Third Operation. This was performed in September last, and was intended to improve the shape of the mouth, by converting the rounded turn of the right half into an angle, and extending it further on the same side; also the removal of the redundancy of integument over the ridge of the nose. The operation for the improvement of the mouth was the same as that already described in the case of the other boy, and with an equally good result. An elliptical portion of skin was removed from the edge of the nose, and the edges of the wound brought together by sutures. An inspection of the boy's face can now be made, and the final results of these several operations appreciated.

— Dr. GEORGE FRIES, a prominent politician of Cincinnati, died on the 13th of November. He was formerly a member of Congress. When JOHN QUINCY ADAMS was stricken in the hall of the House with paralysis, that terminated his existence, Dr. FRIES was his medical attendant, and was among those who heard his last sublime exclamation that has passed into history: "This is the last of earth!"

EDITORIAL DEPARTMENT.

Periscope.

Hypodermic Injections.

The following discussion on Hypodermic Injections took place at a meeting of the New York Academy of Medicine on the 7th ult. We quote from the *Medical Record*:

Dr. BULKLEY alluded to several cases of fever in which he had used hypodermic injections of quinine with the most gratifying results. The cases were of the very severe congestive type, known in the South as the Aspinwall fever. In one, the patient, when admitted into hospital, was in a state of complete collapse, unable to swallow, pulseless, etc., but rallied after at least twelve subcutaneous injections of four grains of quinine at each time. He died, but from another cause. In another case nearly as bad, only some three or four injections were necessary before reaction was established. A third patient recovered in like manner, but much more readily. His colleague, Dr. G. M. SMITH, had succeeded in stopping the paroxysms of ordinary intermittent fever by anticipatory injections of the same strength. No unpleasant consequences, except a small abscess resulting from the puncture of the instrument, in one instance, had so far followed a resort to this mode of introducing the drug into the system.

R. Quinæ disulph.,	ʒi.
Acid sulph. dilut.,	gtt. 50.
Aquæ,	fʒi., Solve,

Will be found a convenient formula. Care, however, should be used to dry the instrument after use, since this proportion of acid is very apt to corrode the metal. Thirty-five minims of this solution were equivalent to four grains of the salt.

Dr. Post had noticed that many physicians, in using the syringe, inserted the point, and then injected the entire contents at once. The better way, he thought, was to insert the instrument, inject a few drops, then push it a little further, repeat the manœuvre, and so on, until the contents were expended. In this way the fluid had a chance of being diffused, and so acted better, without the tendency to produce unpleasant consequences. In the case of morphia, he got rid of the irritating acid by substituting boiling water as the solvent.

Dr. ELSBERG asked the experience of any Fellow regarding the proper strength of strychnia to be used when its subcutaneous introduction was required. He had himself tremblingly employed the agent, in cases of local paralysis, in doses of from one-fortieth to one-twentieth of a grain, dissolved in glycerine; but a brother practitioner had informed him that he had gradually increased the strength to from one-twelfth to one-tenth of a grain.

Dr. WORSTER had taken the hint from one of the medical periodicals, in which it was stated that the muriate of morphia did not nauseate,

while the sulphate was very apt so to do; and was now in the habit of using the muriate subcutaneously, to the exclusion of the other.

Dr. G. T. ELLIOTT was not inclined to the indiscriminate administration of sedatives hypodermically, although in years gone by he had resorted to its tentative use very frequently in hospital practice, and in fact claimed the honor of having tried it in the two first cases in America, the details of which were published in the *New York Journal of Medicine* about November, 1858. These trials of the method were made before a medical class in the course of a clinic at Bellevue Hospital, and were for the treatment of sciatica. Since then he had used the syringe much less frequently, not from a loss of confidence in its efficacy, but perhaps from a liability to change, and certainly from a desire to check the tendency to self-injecting, which he thought had in some circles grown into a custom; the object sought being intoxication from opium. He recalled the case of a patient anasarctous and dying, who had secretly practised this for a long time, and whose cicatrices upon the deltoids, the arms, chest, sides, thighs, etc., became the seat of ecchymoses, exactly simulating purpura.

Dr. BELL had discovered that in varicose veins the persulphate of iron, of a strength equal to one part of the salt to thirty of water, was quite sufficient to produce a clot not liable to ulcerate through. This dilution was far below the average standard, but he had adopted his formula after many experiments.

A New Remedy in Erysipelas—Iodide of Potassium.

Dr. H. B. WITHERS of Rantoul, Illinois, writes to the *Chicago Med. Journal*, that he has used iodide of potassium in about thirty cases of erysipelas with perfect success. It arrested the disease in from twelve to thirty six hours. He gives usually ten grains every two hours, observing closely the effect. As soon as the disease begins to subside, the medicine is discontinued. No external application is used, but the parts are simply kept covered and moist. The author does not recommend it as a specific, but considers it a very valuable remedy in the disease.

Pulmonary Diseases as Affected by Climate.

Is the title of a short paper in the *Southern Journal of Med. Science*, by Dr. E. M. PENDLETON, of Sparta, Ga.

As the result of his investigations, he lays down the following aphorisms, some of which "were generally believed, but others are new, and opposed to the commonly received opinions of the profession.

1. A much larger proportion of the human race die of lung affections, than of any other.

2. More persons die in Southern, than Northern climes of acute lung diseases.

3. More die North than South of chronic affections of the lungs, embracing consumption in all its forms.

4. Blacks are more subject to acute lung diseases than whites.

5. The African is less subject to phthisis pulmonalis than the Caucasian.

6. More persons die of malarious fevers in the Southern than in the Northern States.

7. More patients die of consumption in the latter part of winter and early spring, than any other period, while fewer die in June and July.

8. More die in high latitudes than low ones, from which we infer that consumptives live longer where the atmosphere is the densest, and, by consequence has more oxygen to supply to the few cells which may be in healthy operation.

The Use of the Thermometer in Diagnosis and Prognosis.

Is the title of a paper by Prof. FLINT, in the *N. Y. Med. Jour.* of which we give the recapitulatory propositions.

1. The thermometer is indispensable for obtaining accurate information of the temperature of the body, the perceptions of patients, and the sense of heat or coldness communicated to the hand of the physician being alike fallacious.

2. In the essential fevers and all acute affections, the heat of body is more or less above the maximum of health; and the increase of heat, as a rule, persists during the career of the disease. Fevers and acute affections may, therefore, be excluded by the fact of the heat of the body remaining within the limits of health; and the existence of an essential fever, or an acute affection of some kind may be predicated on a persistent increase of heat.

3. A fever is purely malarial, that is, it is not a continued fever, nor is it associated with a continued fever, if between the exacerbations, the temperature fall nearly or quite to the range of health.

4. The diagnosis of neuropathic affections, which stimulate inflammations may be based on the fact of the temperature not being raised.

5. Coma from uræmia may be discriminated from the coma occurring in fevers or dependent on meningitis, by finding the temperature not raised; and in cases of uræmia, coma, and convulsions, intercurrent inflammatory affections may be excluded if the temperature remain normal.

6. In tuberculous affections, when tuberculation is going on, there is more or less increase of heat. In cases of suspected tuberculosis, a normal temperature shows either that tuberculosis does not exist, or, if existing, that it is not progressive.

7. In cases in which the history and symptoms excite fears of the existence of meningitis, the existence of this disease is not probable if the temperature be not increased; and on the other hand, increase of temperature sustains these fears, provided the patient have not an essential fever.

8. The amount of increase of heat, as shown by the thermometer, provided the increase be not transient, is proportionate to the gravity of the disease, and is a criterion of the immediate danger. A persistent temperature of 105° always denotes great severity of disease, and a still higher increase renders it almost certain that the disease will speedily prove fatal.

9. The temperature in the different essential fevers and inflammations is governed by certain

laws, as regards progressive increase, daily fluctuations, and the rapidity or slowness with which it returns to the normal standard (defervescence) of the time of convalescence. Each essential fever or inflammatory affection has its own laws in respect of the points of difference just named; and any notable deviation from these laws, in individual cases, is an unfavourable prognostic. Thus, a decrease of heat below the normal range, may indicate an internal hæmorrhage, and a sudden increase may point to an important complication on the occurrence of an intercurrent affection. Mildness of the disease, and the absence of complications or intercurrent affections may, on the other hand, be predicated on the disease pursuing its regular course as regards temperature.

10. The surest evidence of convalescence from an essential fever, or an acute inflammation, is a return of temperature to the normal standard. If an increase of temperature persist, after apparent convalescence, or, in self-limited affections, after they have reached the end of their career, either morbid conditions pertaining to the disease, continue, or some affection has been developed as a sequel of the disease.

Reviews and Book Notices.

A Practical Treatise on Fractures and Dislocations. By FRANK HASTINGS HAMILTON, A. B., A. M., M. D., Professor of Principles of Surgery, Military Surgery, and Hygiene, etc., in Bellevue Hospital Medical College; Author of a Treatise on Military Surgery, etc. etc. Third Edition, Revised and Improved. Illustrated with 294 wood-cuts. Philadelphia: HENRY C. LEA. 1866. 8vo., pp. 777. Price \$5.75.

Professor HAMILTON's book is a large one, upon a large and interesting subject. The work is itself interesting, and undoubtedly useful. But we cannot avoid the opinion, that with his materials, it might and ought to have been both smaller and better. There is in several parts of it a want of judicious arrangement; and sometimes, of judgment in the selection of matter; besides an inequality, not proportionate to importance, in the treatment of subjects. Still, it contains a large amount of information not elsewhere to be found in a single volume; and its passing to a third edition, proves that it has found favor with the profession.

On one or two topics of recent interest, we may quote Dr. HAMILTON's opinion. The questions concerning the treatment of gunshot fractures of the limbs, are very summarily answered by him. In those of the shaft of the humerus, he pronounces in favor of amputation always in case of destructive injury of the large nervous trunks. Destruction of the brachial artery, although it diminishes the chance of the limb being saved,

does not, in his judgment, necessarily demand amputation. We believe that most experience in military surgery, and much in civil practice, will justify dissent from this last view. Personal recollection of cases in which, under favorable circumstances, such a trial has been made, convinces us that the danger to life of a fracture at or above the middle of the humerus, with laceration of the artery, is, without amputation, quite as great as that of a gunshot fracture of the head or neck of the femur.

Resections of the shaft of the femur, or of the knee-joint, after gunshot fractures, Dr. HAMILTON would not now attempt. In such fractures of the upper third of the thigh, he believes that if the main artery and nerves are uninjured, "life is, in general, less hazarded by an attempt to save the limb, than by amputation. In the middle third, under the same circumstances, the chances may be considered equal, as between amputation and an attempt to save the limb by apparatus; in the lower third, the chances are in favor of amputation." In proportion to the many pages of historical matter and citation of authorities upon several much less momentous subjects, we should have had from our author much more upon this topic of gunshot fractures; especially as to the best methods of treating compound, as distinguished from simple fractures. He is, we think, unsatisfactorily brief in reference to them. Allusion to some other army experience than his own, during the late war, would have been in place here. At Gettysburg, for example, there were between one and two hundred cases of gunshot fracture of the thigh, many of which were treated without amputation. The statistics of the Surgeon-General's office (Circular No. 6) are not mentioned; although, on the point just alluded to, they point to conclusions like those of Dr. HAMILTON.

On the question between manipulation and forcible extension in treatment of dislocations, especially of the thigh, our author thinks, "the time has not yet arrived in which we can institute a rigid comparison between the relative plans; for while it is true that reduction by manipulation has been practised from the earliest day, it is equally true that extension has been generally performed and practised by surgeons of all ages; especially since Sir ASTLEY COOPER gave his admirable instructions upon the method of applying extension and counter-extension." Dr. DANIEL PRINCE, of Illinois, and Dr. JAMES R. WOOD, of New York, are mentioned as having been so unfortunate as to produce fracture of the neck of the femur in attempting the reduction of

old luxations by manipulation. A similar accident may happen under extension by pulleys, but Dr. HAMILTON thinks the liability to this, and to the causation of inflammation, suppuration, and caries, is greatest under manipulation.

Before leaving this book, we must remark that Dr. HAMILTON has, among the multitudinous forms of apparatus for fractures described, omitted, to a disadvantage, two of the most useful ever originated in this city—the thigh apparatus of the late Dr. ROBERT P. THOMAS, and that for the clavicle, of Dr. R. J. LEVIS. Both have been fully described in journals and books which must have been within our author's reach, and both have been sufficiently tested in practice to prove their value.

In the style of its issue, Mr. LEA has made this work another example of the increasing elegance which has of late extended from the literary to the scientific press.

Notes on Epidemics. For the Use of the Public. By FRANCIS EDMUND ANSTIE, M. D., F. R. C. P., Senior Assistant Physician to the Westminster Hospital. First American edition. Philadelphia: J. B. LIPPINCOTT & Co. 1866. 12 mo., pp. 95. Price, 80 cents.

This beautifully bound and printed little volume is issued, under the editorship of Dr. HAMMOND, expressly for popular instruction in this country, as it had been originally adapted by its author for general readers in England. The object was well worth aiming at. We cannot say that it has been altogether accomplished in the best way; but still it may be very useful. For popular use, all doubtful points should, we think, have been stated to be such, without speculative discussion; sufficient reasons for all available measures of prevention being deducible from what is certain. This book is intermediate, in its method, between the scientific, or professional, and the popular. We should judge, indeed, that it would be rather heavy for most unprofessional readers. There is a great deal that is doubtful in it. For instance, the expressed "temptation to believe" what in this country it must seem absurd to think of—that "yellow fever is a specific variety of typhus," with strong affinities with British typhus, and only modified by transplantation to the tropics! Doubtful, again, is the statement, (p. 74,) that contagion has always appeared to be the cause of the outbreaks of diphtheria of late years.

We should illustrate the author's more careful analysis of facts by his account of the present state of our knowledge of the etiology of typhoid fever (pp. 41-45.) From his own positive expe-

rience he declares that "typhoid fever is not contagious in the same sense as typhus is." *Relapsing fever* Dr. ANSTIE thinks to have been shown upon very satisfactory evidence to result from *privation of food*; that it is a "famine fever." As Dr. HAMMOND remarks in a foot-note, this disease is scarcely (never?) ever witnessed in this country.

We have read this work with interest; but we believe that its American editor might, from his opportunities and research, have produced a better one on the same subject. And the time will come, after a few years, when the present "epidemic of contagionism" affecting European medical writers (to whom American physicians still bow too readily) has passed, in which a truly scientific induction upon the facts in regard to epidemics will become possible; as now it is not.

Diagnosis and Prescription Record. Fourth Edition. W. Wood & Co., and W. H. SCHIEFFELIN & Co., New York. Price, \$1.

The object of this Record is an excellent one. It is ingeniously and skilfully prepared; and there would be no difficulty at all in employing it; and yet we do not believe that any one has used or will make use of it *regularly*, except its author. Spasmodic registration of cases, while the idea is fresh in the individual mind, amounts to little. Full details of cases can be best kept by hospital men; and, to them, we question whether any such record will really make a saving of labor. Off hand abbreviations, without turning over pages in search for the right place for every item, will better economize time and trouble. We regret to disparage such efforts, and will be glad to be corrected if our estimate of their success has been too low.

The Action of the Heart.

Dr. G. PATON, of Toronto, records the results of some valuable experiments in a paper published in the *Dublin Quarterly Journal of Medical Science*. The paper merits a careful reading, and from the observations it sums up, the author draws the following conclusions: 1. The dilatation of the ventricles is synchronous with the contraction of the auricles. 2. No pause or interval of repose occurs during the dilatation of the ventricle. 3. The diastole of the ventricles precedes the systole. 4. The diastole is produced with a power and vigor which lead to the supposition that it is a vital active movement, and not simply resulting from the mechanical action of the entering stream of blood. Dr. PATON's experiments were conducted chiefly upon fishes and reptiles.—*Lancet*.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, DECEMBER 1, 1866.

THE INTERNATIONAL MEDICAL CONGRESS OF PARIS.

We have received the "*Statutes and Programme*" of the INTERNATIONAL MEDICAL CONGRESS, to be held at Paris next year, simultaneously with the Great World's Exposition. As there is very little doubt that the Congress will be successful as a means to advance the interests of our science, and to promote the spirit of fraternity, and a cosmopolitan feeling among the profession, we hasten to lay before our readers the Statutes and the Programme, so that those who desire to attend the Congress—and we hope the United States will be largely and ably represented—can form a precise idea of its objects and scope:

Art. 1. A Medical International Congress will be opened on the 16th of August, 1867, under the auspices of His Excellency the Minister of Public Instruction.

Art. 2. The Congress, exclusively scientific, will be in session two weeks.

Art. 3. The Congress will be composed of original, home, and foreign members.

The original members shall be the French physicians, who become such on application to the Committee on Organization; the subscription fee will be fixed at 20 francs.

The adjunct members shall be those foreign physicians who communicate their willingness to attend, to the Secretary-General (Doctor JACQUET, No. 4 Rue Drouot, Paris). They shall be exempt from all pecuniary contribution.

Art. 4. The members of the Congress, both home and foreign, shall alone have the right to take part in the discussions.

Art. 5. The work of the Congress shall consist in:

a. Communications on questions proposed by the Committee.

b. Communications on subjects foreign to the programme.

Art. 6. The Committee have decided on the following programme:

I. Pathological anatomy and physiology of tubercle. Tuberculization in different countries, and its influence on general mortality.

II. General accidents which cause death after surgical operations.

III. Is it possible to propose to the various

governments any efficient measures to restrain the propagation of venereal diseases.

IV. The influence of the ordinary alimentation peculiar to different countries on the production of certain diseases.

V. The influence of climate, race, and different conditions of life on menstruation in different countries.

VI. The acclimatization of European races in warm countries.

VII. On entozoa and entophytes which may be developed in man.

Art. 7. Members, both home and foreign, who desire to make a communication on any of the questions of the programme, or upon any other subject, are requested to address their communication to the General Secretary three weeks or sooner (July 26th) before the opening of the Congress. The Committee will decide as to the time and order in which they shall be brought before the Congress.

Art. 8. The sessions of the Congress will take place daily, Sunday excepted. They will be held alternately during the day, and in the evening. The sessions during the day will last from 2 to 6 o'clock, P. M., the evening sessions from 8 to 10 o'clock.

Art. 9. No question shall occupy more than one session, and the order of business will be regulated as follows: 1. Lecture on the questions of the programme; 2. Discussion; 3. If time permits, communications of miscellaneous essays. The evening sessions will be exclusively devoted to these.

Art. 10. A maximum of twenty minutes will be accorded to each reading.

Art. 11. At the first meeting the Congress will nominate its Bureau, which shall consist of a President, Vice-Presidents, a General Secretary, and Recording Secretaries.

Art. 12. After the conclusion of the Congress, the Committee on Organization will resume its functions, to proceed with the publication of the Transactions of the Congress.

Art. 13. All *Memoirs* read before the Congress shall be handed over to the General Secretary after each session. They are the property of the Congress.

Art. 14. Students of medicine will receive Cards of admission, but they cannot take part in the deliberations.

From this Programme it will be seen that the working of the Congress has been considered in all its details, and if we consider the wide but exceedingly-practical scope of the scientific questions proposed for discussion, not only can we

expect a most interesting meeting of eminent physicians of various countries, but also valuable contributions to science.

The time, too, selected for the assembling of the Congress is favorable. We have no doubt that not a few of our leading American savants will make their usual yearly dog-day-trip to Paris. All that is necessary to do is to communicate your willingness to become a foreign, or "adjunct" member, to the General Secretary, as indicated in Article 3.

We intend to refer to the subject again, and especially in connection with the subjects selected for discussion. They are all of a nature deeply interesting to the American Physician.

QUACKERY IN THE PROFESSION.

There are many mean practices resorted to by the genus quack to obtain practice, at the expense of the honest, straight-forward, unassuming, modest, professional gentleman. There are a hundred little sneakish tricks, which are never exposed, because practised in the dark, and which some professional men may be guilty of, and yet retain a certain status of respectability in the profession, particularly if they be successful in their sordid aims.

But of all mean practices, of all gross insults to professional decency and honor, the practice of "puffing in newspapers, of allowing one's name to be inserted in the local columns of a paper, by a friendly "penny-a-liner"—in connection with some "interesting case," or "great operation," or "successful operation," or "shocking accident," is about the meanest. It is a direct violation of the code of ethics.

This practice, we are sorry to say, is but too common, and not only winked at by many men who assume professional respectability, but by some, courted.

Witness the following item which appeared a few days ago in the columns of a daily paper in a neighboring city:

"SUCCESSFUL SURGICAL OPERATION.—Dr. —, of this city, assisted by Dr. —, and Dr. —, successfully removed an ovarian tumor from the abdomen of a lady in this city yesterday afternoon, which weighed fully forty pounds. The operation was witnessed by a number of eminent medical gentlemen. We learn that the patient is doing finely this morning, and that the highest hopes are entertained of her ultimate recovery."

Charity obliges us to suppress the name of the individual in whose favor this "puff" appears, which bears intrinsic evidence of his having furnished the data upon which it is based, if not of having penned it himself. We

quote this only as an instance of many, with a strong appeal to the profession to frown down this contemptible tendency to quackery in the profession.

People who are interested in any particular case of medical or surgical disease among their friends, will know and hear all about it without the case being paraded in a paper. What then is the object of such items? To "puff" the Doctor. There is a very simple remedy to stop such practices. Let respectable medical societies, by resolution, request the newspapers of their respective districts or cities to omit mentioning the name of any member in connection with any operation, case of disease, accident, etc. We venture to say that editors of newspapers will gladly comply with the request, and neither the public nor the profession will thereby be a loser. But it will force those addicted to the practice in the profession, either to stop it, or to put themselves outside the pale of professional respectability, where they really belong.

Notes and Comments.

Physician's Privileges.

We are informed by the *Chicago Medical Journal* of a recent order of the Chief of Police of that city, by which physicians, to a certain extent, have precedence in crossing the bridges over Chicago River. The *Journal* remarks:

"It was no uncommon occurrence for physicians to find themselves detained for half an hour at the end of a line of carriages extending an eighth of a mile; thus being obliged to wait not only for the vessels to pass through, but for the vehicles of every description before them to cross, however pressing their calls might be."

Through the recent humane order, physicians have the privilege of going immediately "to the front," and having precedence in crossing, saving much loss of time to themselves and anxiety to their patients. The privilege of the "right of way" in crowded passages, should be generally accorded to physicians.

How True!

In noticing Dr. FLINT's "Treatise on the Principles and Practice of Medicine," the Reviewing Editor of the *British Medical Journal*, the official organ of the British Medical Association, says:

"There is abundant evidence, from the references to names with which we meet throughout the book, that Dr. FLINT is, besides himself hold-

ing a very high rank among the leading physicians of his country, extensively acquainted with the literature of medicine on this side of the Atlantic—both British and Continental. We are, therefore, heartily glad to see him taking an independent position as the author of such a treatise as that which he has produced, *in a country where, as we think, it is too much the custom to depend on foreign resources in medical literature, and thus to obscure native talent.*"

The sentence which we have italicized speaks for itself. Take, for example, the last number of a bulky American Quarterly Medical Journal, and considerably over one-third of its matter is made up of *foreign* literature.

The Medical Record.

We would call the attention of our readers to the advertisement in another column, of the *Medical Record*, published fortnightly in New York, by Wm. Wood, & Co. The *Record* is edited by Dr. GEORGE F. SHRADY, who has been long and favorably known as an editor. Many attempts have been made to sustain medical journals in New York, which, from various causes have been allowed to fail. We are assured that the publishers of the *Record*, who are well known and responsible men, do not intend that this enterprise shall fail. It has every element of success, and under the judicious management of the editor and publishers, must succeed. New York with its schools, its hospitals and its medical associations, should *liberally* sustain so creditable an enterprise as the *Record*, which employs the best medical talent in that city, as well as in other sections of the country.

The subscription price of the *Record* is \$4 per annum. We furnish the *Record* and the REPORTER together for \$8 a year.

Correspondence.

DOMESTIC.

Is there a Healthier Place than Newport, R. I.? EDITOR MEDICAL AND SURGICAL REPORTER:

Enclosed please find an official return of mortality for the period of one month, concerning a place whose inhabitants, during that season, number some fifteen thousand. It needs no comment, but is an additional endorsement of the sanitary blessings of such a locality. If the drainage were better, and the city corporation could be sufficiently aroused to the fact, the question that nat-

urally suggests itself, would be, "Can any die, save by accident?"

If I were the President of a Life Insurance Company, I would charge a high premium to make out a "policy," and positively refuse to enter into any "annuity" arrangement with a Newporter. There are many cripples here; and why? Because, in other places, they die when young; but on this citadel of hygiene, there appears to be sufficient health in disease to ward off death, and prolong even the existence of fragments.

Deaths Reported in the City of Newport, R. I., for the Month of July, 1866.

Whole number, 6. Sex—male, 6; female 0; total, 6. Condition—married, 1; single, 3; widower, 2; total, 6. Color—white, 6; total, 6. Nativity—born in United States, 6; total 6. Parentage—American, 3; German, 1; Irish and French, 1; unknown, 1; total, 6. Locality—deaths in Ward No. 1, 1; do. Ward No. 2, 0; do. Ward No. 3, 2; do. Ward No. 4, 0; do. Ward No. 5, 1; on board of U. S. Ship Macedonian, 1; at Newport Asylum, 1; total, 6. Ages—under one year, 2; forty and under fifty, 2; sixty and under seventy years, 1; eighty and under ninety, 1; total, 6. Causes of Death—chronic inflammation of urinary organs, 1; consumption, 1; cholera infantum, 1; convulsions, 1; dropsy, 1; old age, 1; total, 6. In addition to the above, one death in another place, and one still-born were reported here.

BENJ. MARSH, 2d., City Clerk.

Very Respectfully,

SAMUEL W. FRANCIS, M. D.

Nov. 24th, 1866.

Fœtus Carried more than Thirteen Months, during Nine of which it was Dead.

EDITOR MEDICAL AND SURGICAL REPORTER:

The following case occurred in my practice several years since. I do not remember to have seen a similar case on record.

Was called, April 19th, 1855, to attend M. T., in her fifth or sixth labor. On arriving at the house, found she had just been delivered, of what her nurse could not ascertain the nature. Examined and found the secundines had been expelled whole, and when opened, they disclosed a fœtus of from the fourth to the fifth month, that had the appearance of having been dead a long time.

On inquiring of my patient the probable cause of her abortion, she gave me the following history of her case: About the first of March, 1854, she ceased to have her regular catamenial discharge, and had the usual symptoms of being enceinte, and expected to be confined in the following December. The symptoms continued up till about the last of June, when she received a slight injury, and from that time till the time I was

called to attend her, she ceased to enlarge, or to have any manifestations of life in the foetus.

If her statement is true, and I have no good reason to doubt it, she must have carried a foetus in her womb for more than thirteen months—nine of which it was dead—without any detriment to her health, other than that produced by anxiety of mind as to the true nature of her condition. She recovered without any bad symptoms whatever, and was able to attend to her household duties as early as is consistent with the best recoveries in parturition.

The bony structure of the foetus was very much softened, though the flesh was not decomposed.

G. W. PARVIS, M. D.

Long Marsh, Md., Nov. 22, 1866.

News and Miscellany.

Horrible Mutilation by Savages.

ANDREW BROCKMANN, one of the victims of the Indian massacre at New Ulm Mountain, in 1863, has arrived at Buffalo. He experienced the torture of seeing his cabin burned, and his wife and four children murdered before his eyes, and was then horribly mutilated—his tongue cut out, hamstring severed, his fingers cut, his hands maimed, and his scalp torn reeking from his head, which had previously been perforated with three bullets; but despite these wounds, the unfortunate man survived, and was carried to Salt Lake City, where he has remained in hospital for three years.

Organic Remains.

Among the passengers recently at St. Louis, by steamer from the Upper Missouri river, was an agent of the Smithsonian Institution at Washington, D. C., in charge of a large number of petrified organic remains for the Smithsonian Institute and the Philadelphia Academy of Natural Science.

The collection, which comprises over three hundred different kinds of small animals, extinct and living, together with bears, etc., of mammoth size, was made in Dakota Territory, near the head of White river, by Prof. HAYDEN.

POISONING BY ARSENICAL OINTMENT.

The *British Journal* reports a case in which a verdict of manslaughter was returned against an "Herbalist" and "Cancer Curer." He had treated a "cancer-tumor" by arsenical ointment. The patient died under symptoms of arsenical poisoning, and the post-mortem examination and chemical analysis, by Prof. TAYLOR, confirmed the suspicion.

The *Boston Med. and Surg. Journal* states that a French physician recently became the legatee of the great bulk of a distinguished patient's fortune, but the French tribunal has decided that doctors who shall have attended a person for the illness of which he dies, are incapable of receiving any legacy made in their favor during the progress of that malady.

Army and Navy News.

NAVY.

List of changes in the Medical Corps of the Navy, during the week ending November 24, 1866.

Surgeon J. D. Miller, detached from the Naval Medical Board at Philadelphia, and ordered to the U. S. Ship Rhode Island, as Fleet Surgeon, North Atlantic Squadron.

Surgeon Thomas J. Turner, detached as Recorder, and ordered to duty as Member of the Board of Examiners at Philadelphia.

Surgeon E. R. Denby, ordered to duty as Recorder of the Board of Examiners, Philadelphia.

A. P. A. Surgeon G. L. Simpson ordered to report by December 1st, for duty on board the U. S. Ship Gettysburg.

MARRIED.

CORSON—LIVINGSTON.—November 20, by the Rev. William H. Furness, in Philadelphia, Dr. Ellwood M. Corson, of Norristown, Pa., and Margaret Livingston Wilkeson, daughter of Samuel Wilkeson, of New York.

DUNPHE—MILLETT.—In Bridgewater, Mass., November 18, by Rev. Mr. Silloway, of Boston, assisted by Rev. Mr. Angier, of Milton, Mr. N. Frank Dunphe and Miss Susan B. Millett, daughter of Asa Millett, M. D., both of Bridgewater.

HUTCHINSON—PIERCE.—In Tyngsboro', Mass., November 15, by Rev. George Osgood, assisted by Rev. S. Barber, William H. Hutchinson, of Gallipolis, Ohio, and Miss Sarah T., daughter of the late Aug. Pierce, M. D., of Tyngsboro'.

JENKINS—PEARCE.—In Brooklyn, Nov. 21, at the Ormond-place Church, by the Rev. J. Clement French, assisted by the Rev. Jacob West, Augustus G. Jenkins and Susie A., daughter of John Pierce, M. D.

DIED.

HAYWARD.—In Plymouth, Mass., November 17, Mrs. Joanna (Winslow) Hayward, widow of the late Dr. Nathan Hayward, aged 93.

MILLER.—In Hagerstown, Md., November 11th, Hager, infant son of Dr. John E. and Kate H. Miller, aged 2 months and 17 days.

NEWKIRK.—At Bridgeton, N. J., November 11th, Dr. N. R. Newkirk.

METEOROLOGY.

November,	12,	13,	14,	15,	16,	17,	18,
Wind.....	N. W.	N.	N. E.	E.	W.	W.	W.
Weather.....	Clear.	Clear.	Cl'dy.	Cl'dy.	Clear.	Clear.	Clear.
Depth Rain....				7-10			
Thermometer.							
Minimum.....	40°	30°	33°	36°	38°	33°	36°
At 8 A. M.....	48	43	41	56	49	44	46
At 12 M.....	54	50	52	60	50	50	52
At 3 P. M.....	55	51	53	58	51	51	53
Mean.....	49.25	43.56	44.75	52.50	47.	44.50	46.75
Barometer.							
At 12 M.....	30.2	30.4	30.4	30.	29.6	29.9	30.1
Germantown, Pa.				B. J. LEEDOM.			

REAL ESTATE COLUMN.

FOR SALE.

A Rare Opportunity.

The subscriber, residing in the thriving City of Lockport, N. Y., with a population of about 15,000, being about to retire from a practice worth about \$3,000, will dispose of lease of office furniture, instruments, and good-will, for the sum of \$500 (not much more than half of first cost), to a successor of some experience, ability, and character, and posted in modern medicine—such as I can conscientiously recommend to my patrons.

A house and lot furnished if desired. Possession given immediately.

THE MEDICAL AND SURGICAL REPORTER.

No. 510.]

PHILADELPHIA, DECEMBER 8, 1866. [VOL. XV.—No. 23.

ORIGINAL DEPARTMENT.

Communications.

OLEUM MORRHUÆ.

By JOSEPH ADOLPHUS, M. D.,

Of Hastings, Michigan.

It is not presumable for a moment that there exists a physician in all the world unacquainted with cod oil. However true this is, there is nevertheless a sad neglect of this valuable agent in the treatment of diseases, other than those of a strumous character. Cod oil to day really challenges the admiration of the civilized world, and places itself before enlightened mankind as one of those truly inestimable boons whose value stands unequaled. Though cod oil has become a household word, and the multitude has learned to value it, yet it is only to the medical man that its mighty powers are conceivable, and how few of us fully appreciate them.

Cod oil is both food and medicine. As food, it enriches the blood. As medicine, it corrects abnormal nutrition, guides development, and controls the reparative process. It is more particularly concerning the latter property that I design to speak. This subject is still more important to us from the fact that many of the pathological conditions of tissue might be either prevented from fulfilling their morbid destiny, by arresting the process altogether, or they might be so guided in their progress and course as to be decidedly modified. Is it any stretch of credulity to believe that pulmonary tuberculosis is an unrestrained or unguided physiological neoplasm? Moreover, it cannot now be denied that these pathological neoplasms present all the diversified types of physiological tissue, and hold a more or less close microscopical relation to them. But it is also a known pathological truth, that the most commonly present pathological neoplasms are immitative only of tissue of a low grade of development.

We can thus far see how useful a part the cod oil may be made to bear in the treatment of diseases, especially the moment they begin to show a disposition to be chronic or sub-acute.

Cod oil has the power, I claim, of endowing tissue with vital capacity, to such an extent as to enable the primary elements of tissue to so arrange and maintain their nucleoli as to support a continuous reproduction of like tissue, when there is any tendency to a derangement in reproduction or construction. Let us cast our reflections back to the great fact, that like anatomical similarity of arrangement (I speak of the histological), is not attended with like physiological results. The power of tissue to select from the blood its particular kind of nutriment for its maintenance of life is an established physiological fact. That there may be a change in vital capacity of cell-life itself, while at the same time the blood may be entirely normal, is also a fact. It is here at these primary points of diseased action that I claim for cod oil its superior value. I know that the doctrine enunciated is not such as obtains at present, yet I think that it is easy to illustrate this power of cod oil over the primary nutritive life of tissue.

This power claimed for cod oil is not restricted to any particular tissue. Its power to restore nerve tissue is also claimed. The power of the nerve system over nutrition is but too well known. But we have not paid sufficient attention to the kind of nutritive material we offer as a basis on which the nutritive forces are to work. While we are all absorbed by the idea of nitrogenized elements of nutritive material, we have forgotten that the life forces must be both capacious, and comparatively active, to appropriate them. Yet, on the other hand, we have also refused to accord to the nutritive forces the channels through and by which remedial agents reach pathological conditions and remedy them. Of course it is unnecessary to dwell on the fact at present, that many of those pathological neoplasms are readily cured through the nutritive system.

When we speak of cod oil as a medicine, it is designedly placed at the side of all forms of remedial agents, but occupying the very highest position among them, inasmuch as its influence is not alone limited to function, but extends also to structure, development, construction, and restoration.

Thus we find a man ill of a broken down con-

stitution, and a chronic disease superadded. In questioning him we discover that his ill-health was preceded by trifling bodily disturbances, and when his condition arrived at such a state of annoyance as to drive him to seek medical aid, certain *specific* developments were discovered, which primarily were not otherwise found, but as *results of the second or third* stages of diseased action. Let us illustrate.

A man, 40 years old, was grievously troubled with constipation, to such an extent as to make his life miserable. He was treated for years by several physicians. At last he began to have a hacking cough, and his case being suspected to be incipient phthisis, he was put upon cod oil. In four months he was free from his cough, and constipation also, and is now as well as ever.

Another case of a different type is here recorded. A young man who had constitutional syphilis, was for a number of years after troubled with that cruel sequel of the disease, viz., specific cutaneous eruptions. He was treated by numbers of physicians, and had consulted some eminent men in Boston and New York to no purpose. He had passed through the eclectic and homoeopathic mills also, but the end was the same. In consulting me he related his sad tale, just as it was. I immediately put him upon the cod oil, of which he took a great deal, and in less than a year he was entirely rid of his "confounded companion."

A young lady had hitherto been the victim of intestinal worms for years. The parasites were easily expelled by appropriate means, but soon returned with usual force, and with them all the horrors of "worms." She was put upon cod oil, and in six months was entirely free from her hateful complaint.

I know not in what other light to interpret the *modus operandi* of the above cures than through the nutritive system.

Here is a man whose hepatic system is disordered. We look at his case as one of fatty degeneration of the liver. You say that instead of the legitimate physiological tissue change which usually occurs, there is a fatty deposit in their stead, and now call the case a fatty degeneration of the organ. Now I hold that such pathological changes occur in consequence of a *peculiar dyspepsia*, if I may use the term, of molecular life. Primary tissue has lost force from a peculiar inanition of the primary tissue itself, from a want of certain stimulating influences, which deficiency is nowise primarily in the blood, but is local in the cell-life of the organ itself, and all other pathological conditions are secondary. Also, we

may for a moment turn to the kidney, and allow the mind to dwell on the granular degeneration of that organ, which, as soon as its epithelium is disturbed, either functionally or otherwise, its physiological powers of depuration are at fault. It is only a difference of function, and not a difference of cause, that gives origin to these two sorts of pathological conditions. When we remember that the identity of the nucleoli of tissues of various types is now admitted, we are able, at least, to look toward one and the same point for curative means.

It cannot now be denied that individual cell-life may become impaired, and through contiguity of connective tissue, spread from cell to cell, till an entire organ is involved, and ultimately ruined. But I claim for cod oil the power to arrest this pathological condition, piece by piece, when cure is at all possible, either before a majority of the cells are involved, or when cell-life can be endowed with a superior amount of vital force. But, unfortunately, the primary stages of disease are seldom detected, unless attended with severe symptoms.

I know that any reference to pulmonary consumption is encroaching upon a hackneyed theme, but I cannot refrain from observing how often consumption is treated as a specific disease, and how numerous are its victims, yet, at the same time, how rapidly have the views of pathologists concerning its true character been revolutionized, and what a marvellous uniformity of opinion concerning its treatment has at last prevailed. Yet we are not all at present prepared to acknowledge that the same causes that conspire to produce tuberculosis are also concerned in fatty degeneration of the liver, for the process is the same in a tubercle as in the liver-cell. The process in vital depravity in cell-life is alike in both cases, and the early symptoms are not far apart.

A girl, aged 7, was suddenly attacked with hæmoptysis. No previous pain or illness was complained of, and she continued to lose flesh and relish for food. As soon as I saw her, I put her on cod oil, and kept her for *twenty-three months* under its use steadily. She recovered her flesh and relish for food, and was in excellent health for three years after, when she fell and fractured her left thigh. The shock was too great for her weakened life-forces, and she sunk from irritative fever. Autopsy showed a number of cicatrices, as large as a pin-head up to that of a small pea.

A woman, æt. 40, mother of three children, had been under treatment for ten years, for a nameless disease, a dyscrasia. Cod oil was used per-

sistently for three years, when she recovered her health. A year previous to her death, she became notorious for her love of whisky, and fell a victim to that wretched habit. Autopsy showed a fatty degeneration of part only of the liver, while other parts appeared indurated, as if they had formerly been the seat of fatty deposit, which had been removed by absorption. I am certain that this case, when first treated, was really cured of fatty degeneration of the liver.

During fevers of a low type, where assimilation is nearly suspended, in consequence of the amount of vital depression, we find cod oil of no small use, especially in those slow typhus or typhoid fevers. I say we find it of no small use, not because of its immediate absorption and appropriation, but from its capacity to spread over epithelium surface, and by imbibition and molecular penetration to incorporate itself immediately with tissue, and so be appropriated by the lowest condition of cell life. This power of cod oil to rapidly spread over and promptly incorporate itself in the body of the epithelial cells of the villi of the small intestines, has not been sufficiently taken advantage of in the treatment of disease.

But the experiments of MATTEUCI, repeated with pure cod oil, show that this latter is endowed with two most happy properties. First, that it forms an emulsion with far less than 40 parts to the 1000 of water, with caustic potassa; and secondly, that its power to insinuate itself among and over organic structures is greater than is supposed.

I believe that cod oil can and does find its way into the portal circulation, from the mucous membrane of the stomach and intestines, without undergoing the process of primary digestion, more rapidly than that of any other oil. It is known that the blood of the porta contains far more fat than is found in other localities, while the blood of the hepatic vein contains far less fat than that of other veins; all point to the presumable fact that a vast amount of fat is constant in the tissues by their primary histological elements.

A man, æt. 46, applied to me for relief from a very troublesome form of headache, which had stubbornly resisted all other treatment for a long time. No matter what view was taken of his case, nor what form of treatment was adopted, his headache still prevailed. His countenance was spare, sharp, and restless, all of which might have been caused from want of sleep, or pain, or both. His pulse 98; breath offensive at times, and he was unable to move about rapidly, from some dyspnoea. He regarded his appetite as being fair, but interstitial emaciation was *slowly*

going on. The lungs and other thoracic organs showed no evidence of disease. This man was put upon cod oil, which he regularly took for six months, at which time he declared himself entirely well. The plumpness and color of his body returned, his blood was very much richer, and his shortness of breath entirely gone.

This is but another of these cases of impaired nutrition which was leading on slowly toward death. How many such cases do we see every year, and how terrible is our vexation and shame because of our failure in successfully treating them! Thousands of cases of dyspepsia are the result of this derangement in the nutrition of primary tissue, which, unrecognized at first, culminates in that disorder, and I wish to remind my readers how very unsuccessful we often are in our attempts to treat this troublesome affection by the usual routine of drugs, diet, etc.

A man, æt. 50, applied to me for relief from irritative dyspepsia. Examination of his urine showed oxalate-of-lime formation. He had been in ill health for eighteen months, and was treated in Chicago and other cities by many men of whom our profession is proud. On taking charge of his case, I was satisfied that I had to do with a case of depraved cellular nutrition, in consequence of an exhausted state of cell life. He took the cod oil for a year, and was entirely cured.

But there are cases where the cod oil demands aids and adjuncts, before we can get its beneficial operation. Thus, a boy, aged 12, whose system was really serofulous, had taken cod oil for nearly four months, without any good results. I saw him at about this period, and ordered him chloride of potash in thirty-grain doses, three times a day. He immediately, as by magic, began to improve, and in three weeks was decidedly better, and in two months after, I suspended the oil, and gave the chloride of potash alone, but was again compelled to resort to the oil in a short time. The boy eventually improved so much as to be in very good health. A young woman, æt. 20, was suffering from anasarca from diseased liver. The oil was ordered without experiencing any good effect. Minute doses of podophyllin, 1-20th of a grain, were ordered, and in ten days she began to improve. The mandrake was used afterward, making an infusion by displacement with hot water, then into a syrup with sugar; (3j of the powdered root to twenty-four ounces of boiling water; after displacement is thoroughly effected, the fluid is mixed with enough sugar to make syrup of it; of this, from a teaspoonful to a tablespoonful is taken three times a day.) The above case was one of those old hacks that wor-

ried all concerned for nearly a year, and was as bad as ever when the above treatment was commenced. This case was the result of a severe attack of remittent fever, complicated with dysentery, which latter was epidemic at the time.

A young man, æt. 18, was severely attacked by scarlatina maligna, which resulted in anasarca and albuminous urine. I saw him two months after convalescence from fever, but the dropsy and albuminous urine were still present. He had been under treatment, all the time, by an intelligent practitioner. On seeing him, I ordered the cod oil. At the expiration of twenty days, no change for the better was perceived, and the attending physician proposed to abandon the oil. "Not so," I said; but united it with the bromides of ammonium and potassium, each three grains, three times a day, which combination was continued six months, at which time but a very little albumen was detected. The oil was continued two months longer, and in ten months he was entirely well. This was six years ago. The youth has grown to be a man; and is now the father of a family. When he takes cold, a small appreciable amount of albumen will appear in his urine, for which he takes the oil and bromides, and recovers quickly.

I can cite a score or two of cases of phthisis, in which the oil alone was useless, but when used with other remedies, was of most remarkable advantage. Thus, a woman, æt. 39, mother of five children. She was of spare habit, fine feature, grayish eye, and of slender form. This woman, for eighteen months previously, had cough and expectoration, dulness over apex of right lung, tubular breathing, dulness on percussion. This was a true case of tuberculosis. I put her on the use of the oil for four months, with no good result. I then ordered her *phosphate of lime and iron* with the oil. She began to improve in two months. She continued treatment for a year or more, and is alive now, in pretty fair condition, having passed the turn of life successfully nearly seven years ago. Another woman, æt. 46, complained of like symptoms. The lime and iron failed on her, while a saturated tincture of black cohosh, in forty-drop doses, repeated three times a day, in connection with the oil, answered the end. This case, though not entirely free from pulmonary disease, is in exceedingly comfortable condition. Certain it is, that an increased quantity of lung tissue is not being involved. This woman really holds more than her own.

I have tried many cases of obstinate inter-

mittents with the oil, after quinia, etc. failed, and with marked success.

I shall now refer to a case of diabetes. A female, aged 76, sadly emaciated, with an enlarged abdomen, presenting one of the most singular and grotesque sights to behold, consulted me for her "dropsy." The peritoneal sac was much distended with fluid, her skin was harsh and rough, and she passed from two to three chamber-pots full of urine in twenty-four hours. I examined her urine, and found it loaded with sugar. I immediately ordered her ten grains of citrate of potash, and fifteen of the acetate of potash every four hours, and after three days, put her upon the oil, continuing the aforementioned salts. Three years have now elapsed, and she still takes the oil, but ascites is not present, and her urine is greatly diminished in quantity, and contains but little sugar. Her health is much improved.

The power of cod oil to stimulate the forces of elementary molecular life, endow it with a higher histogenic type, and supply a blastema from which repair and restoration can be readily effected, is unequaled by any other article in the materia medica. I wish not to be understood as claiming for it a superiority in all conditions of pathological action, but only in those cases in which it seems we need an agent that can be introduced at once into close proximity to elementary tissue, without any great effort of the life forces, and supply the weakened or degenerating tissues with an element susceptible of being easily and readily appropriated for the nutrition and support of cell-growth and function. The intercellular molecules thereby are supplied with material that can, in a great measure, forthwith be appropriated.

Thus, a man of middle age had syphilis several times, but at no time was he entirely cured. I was consulted by him on account of the dyscrasia syphilitica, which made him a miserable, wretched being. He had been under treatment for it for a long time, and had taken all manner of tonics, alteratives, restoratives, etc., cod oil among the rest. When I saw him, he had a dozen sores upon his body; his throat was also sore and painful; his bones ached, and were noddy; his joints were sore, tender, and swollen. His skin marked him among mankind. He was emaciated, withered, and looked like one who was hunted down by haunting spirits.

After evacuating his bowels slowly with sulphate of soda for three days, I ordered him opii pulv. gr. iss., to be repeated three times daily for two weeks, in conjunction with the cod oil,

in teaspoonful doses every six hours; to each dose of oil I ordered ten grains of bi-carbonate of potassium, in two ounces of water, which formed a soap. At the expiration of that time (two weeks) the opium was stopped, and the following ordered:

R. Potass. bi-carb.,	ʒij.
Potass. acet.,	ʒss.
Aque puræ,	f.ʒiv.

Ft. mist. A teaspoonful to be taken six times a day. Cod oil, a tablespoonful three times a day. This was continued four weeks, when he was ordered ten grs. chlorate of potash three times a day. Continue the cod oil, and stop the potash mixture. He continued the chlorate of potash and cod oil four months longer, and then the cod oil alone for a year more, occasionally taking chlorate of potash, gr. x., and acetate of potash, ʒss., three or four times a day for a week. It is now nearly eight years since this man first came under treatment, and at this moment he is as much different as can be imagined. There is no doubt that the syphilitic poison is eradicated, or, in other words, the tissues pathologically involved have been renewed, and a more perfect life force is now in being. The devitalized syphilitic poison has been eliminated, and the tissues are histologically perfect, or nearly so. To conclude, I say that there is no remedy that can restore and invigorate the digestive powers as cod oil. The rationale is obvious.

THE USE OF QUININE IN TRAUMATIC TETANUS.

By H. L. BYRD, M. D.,

Of Baltimore, Md.

The following, one of three cases, will serve to illustrate the value and importance of applying remedies in accordance with their established therapeutic action in certain conditions of the system, where temporary advantage only could be hoped for from their administration, but by which we may, nevertheless, in many instances, secure valuable time for reflection, or the use of more efficient agents while the system may be under their influence. No one at the present time, would be likely to rely exclusively upon either opium or quinine, in a case of traumatic tetanus, and yet one of them at least, was found to act most efficiently in the following case, fulfilling most clearly its recognized action upon the system, and the indications for which it was prescribed. This case will also show the importance to be derived from *treating symptoms*, at least, until the source, or cause of mischief can be eradicated or removed.

Case. While in charge of a military hospital in Mobile, Ala., during the winter of 1863-4, a young soldier was admitted, who had received a wound from a minnie ball passing through one of his feet a few hours before. The ball entered the bottom of the foot, at or near the articulation of the astragalus, with the other adjacent bones of the tarsus, and passed out at or near the instep. The wound was made at short range, and was just such an one as might be expected in that situation from such a projectile. He was very anxious to save his leg, and after he was "chloroformed," and the loose and shattered spiculæ and fragments removed, it was decided to give him the advantages of *conservative surgery*. The case was treated in the usual way, and went on well for some days, and the wound had been suppurating and granulating freely, in some parts, when suddenly one night his jaws stiffened, and the flexor muscles became spasmed.

The surgeon in charge of this ward being absent from the house, the nurse came to my quarters for instructions in the case. From his description of the condition of the patient, I was fearful tetanus had supervened, and on reaching him about 1 o'clock, A. M., I found but too truly my apprehensions verified, as he was then in a most violent and protracted tetanic paroxysm. No time was lost in applying hot anodyne and alkaline fomentations to the entire foot and ankle, and as soon as he could swallow, two teaspoonfuls of laudanum was given. I resolved to render the prognosis as favorable as possible, and to treat symptoms, upon general principles, as they might arise.

The spasms were found to recur at intervals of about ten minutes, and to last from one half to three or four minutes. An ounce of sulph. magnesia, and half an ounce of camphor water, in a quart of warm water, were gently pumped into the bowels during the interval of the spasm. The enema was returned in about half an hour, with considerable fecal matter. Poultices were directed to be kept applied as warm as possible, and covered with oiled cloth, and two teaspoonfuls of laudanum given every half hour, until rest or sleep was procured.

On visiting him about 9 o'clock the following morning, I learned that he had dozed a few times, and then but for a few moments only, notwithstanding he had taken two ounces of laudanum.

On inspection the wound presented a pale exsanguine aspect, and the suppuration had disappeared. The spasms were about the same. Directed the continuance of the poultices, and a

teaspoonful of laudanum every hour until he rests, or until the intervals between the paroxysms increase. Called at 1, P. M. Had taken two ounces more of laudanum, and had rested but very little; the intervals of the paroxysms remaining about the same, and but little, if any abatement in their violence. I decided to give quinine, with a hope of obtaining its antiperiodic and sedative effects upon the nervous system, and prescribed ten grains, with a teaspoonful of laudanum, to be repeated every two hours. At 8, P. M., I visited him again, and found he had taken thirty grains of sulphate of quinine, and had slept several times between the paroxysms, and their intervals had been increased to near half an hour.

Continue poultices; give five grains of quinine, and a teaspoonful of laudanum, every two hours, when awake, but not to awaken him at any time.

I saw patient again at 8 o'clock next morning. Had probably slept as much as three hours during the night, at intervals of from twenty to thirty minutes. Paroxysms did not recur oftener than from half an hour to an hour, but they were very severe, and more protracted. Wound still white, and apparently bloodless, with no indication of return of suppuration; and as *quinineism* was fully established, and little more benefit could be expected from its further use, I decided to amputate his leg during one of the intervals between the spasms.

Assisted by Prof. J. C. NORT, of Mobile, Surgeon HENDERSON, formerly of the British Army, and Assistant Surgeon ARMSTRONG, of my Hospital Staff, and several other medical officers, the patient was "chloroformed," and I amputated his leg at the lower third, in the manner detailed at page 409, No. 20, of the current volume of the REPORTER.

Prof. NORT kindly compressed the main arterial trunk, and there was consequently but very little loss of blood. The patient had a slight tetanic movement about the conclusion of the operation. The quinine and laudanum treatment was continued, in diminished doses, merely to keep up the quinine impression upon the system, for twenty-four hours, and then discontinued entirely. The patient was placed under the intelligent care of Surgeon ARMSTRONG, who conducted it to an early and satisfactory termination.

The skin, pulse, bowels, and kidneys, presented no marked departures from what is usually observed in cases of traumatic tetanus, and hence, required no mention in the general statement of the case.

I would remark that the laudanum was known to be good, as it had produced its characteristic effects in several cases, prior and subsequently to its use in that just related. In two very severe cases of traumatic tetanus treated subsequently, and which resulted favorably after amputation, morphia was substituted for laudanum, in half grain doses, every half hour, until sleep was induced, after which the quinine was found to act promptly, as in the first case, *i. e.*, as soon as *quinineism* was effected,—increasing the length of time between the paroxysms in each, to an extent sufficient to allow of amputation being performed without the use of chloroform, which was not accessible. It is proper to remark that the knife was esteemed the *dernier* resort in all the cases, as the patients were being worn down by the severe and protracted spasms, notwithstanding the action of the quinine.

ANGINA PECTORIS.

By JAMES B. BURNET, M. D.,

House Physician at Bellevue Hospital, New York.

Among the many frightful diseases, or symptoms of disease, that the physician is called upon to combat and to overcome, few are more terrible than angina pectoris. It is a disease to which much attention has been given, and concerning which much has been written, but it is still veiled in much obscurity. What, then, is this disease that we so much dread to meet, and that makes even the holdest shudder?

Let us briefly consider it in its various parts: 1st, its history and symptoms; 2d, its pathology, and the various hypotheses concerning it; 3d, its diagnosis; 4th, its prognosis; and 5th, its treatment, with some general remarks upon the disease.

1st. *Its History and Symptoms.* In 1768, the celebrated Dr. HEBERDEN first accurately described this truly formidable affection. What had been written previously to that time, upon this subject, was altogether obscure. He first called it a "disorder of the breast," and thought, that from its seat, together with the strangling sensation and great anguish with which it is accompanied, with great propriety the name might be applied to it of *angina pectoris*, a pressing together or strangling of the breast, from the Greek verb, "ἀγγα," "to strangle or press tight." The following are its symptoms: The person is suddenly seized, especially while walking up an acclivity, in the face of a strong wind, or on a full stomach, (although he may be seized under many far different circumstances,) with most agonizing pains in the præcordial region, radiating to the

right side, back under the left scapula, and to the spinal column, and down the left arm, generally as far as the insertion of the deltoid muscle, or the termination of the nerve of WRISBERG. At the same time an unutterable anguish and sense of speedy dissolution, unless quickly relieved, comes upon the unfortunate sufferer, and he grasps the nearest object for support. He feels that to stir is death. In rare instances, the pain has invaded all the extremities, has even reached to the jaws and temples, and Dr. WALSH mentions, as a very unusual occurrence, numbness of the testes. The pain appears sometimes to follow the course of the nerves of the suffering part, and is occasionally accompanied by extra sensibility of the surface of the skin, especially if the affected one be a female. Complete rest is always required. The sufferer is afraid to take a full breath, such is his fear of increasing his suffering. Dyspnoea is not generally present. At times, the heart acts with much violence and irregularity, but it is not always so. The countenance is pale, anxious, sometimes livid and terrible to behold, and the body bathed in a cold perspiration. The pulse, during the paroxysms, is oftentimes unnaturally slow. The mind remains clear. The paroxysms may depart as suddenly as they have made their appearance, and after a few minutes' rest, the sufferer may rise from his seat, and proceed on his way, feeling as well as before the attack. These attacks may consist of merely a few sharp pains, but unfortunately, it is, as a rule, far otherwise. Greater agony, oftentimes it is almost, if not altogether impossible for man to endure. The suffering may be over in a very few minutes, or on the other hand, may exist for several hours. Although attacks have occurred, and then departed forever, it is altogether probable that one attack will be followed by others. Although these attacks are for the most part apparently brought on by muscular exercise, mental excitement, or some movement of the body, still they may make their unwelcome appearance when body and mind are alike at rest. The last case that we have had an opportunity of witnessing, occurred at night, while the patient was quietly enjoying peaceful slumbers. Some have imagined that dreams brought on their attacks. In some terrible cases, coughing even, or the effort of defecation, will produce an attack. The pain, at times, is referred entirely to the sternum, or to the pit of the stomach.

Having thus considered some of the more prominent symptoms of this strange and curious disease, let us see what they mean, and this will

lead us to the second division of our subject' namely:

2d. *Its Pathology, and the Various Hypotheses concerning it.* Angina pectoris is almost invariably an indication of some variety of cardiac disease, although there are apparent exceptions to this statement. Some of the most celebrated practitioners have placed on record instances in which, after death from this disease, nothing abnormal could be discovered in the heart, aorta, or any organ. Professor A. L. LOOMIS, of the New York University Medical College, relates a case under his own observation, in which the patient suffered repeated attacks of angina pectoris, and finally died in one of them, and yet at the post mortem examination, after the most careful scrutiny, nothing whatever abnormal could be discovered. The older writers imagined that ossification of the coronary arteries of the heart was the true cause of this disease. Dr. JENNER's idea was, that when the circulation was accelerated, the muscular tissue of the heart could not be properly supplied with blood through these constricted and calcareous vessels, and hence the patient, during the attack, is at the point of fainting, and oftentimes does pass into fatal syncope. But this theory could not stand, for in but a small proportion of cases of angina pectoris are the arteries found ossified, and moreover, the arteries have been found to be ossified, and yet no angina has ever occurred. Sir JOHN FORBES publishes an account of forty-five cases of this disease, in which some variety of cardiac disease was discovered after death in forty-three. Dr. FOTHERGILL considered fatty degeneration of the heart one of the surest accompaniments of angina pectoris, and Dr. WATSON also leans toward this opinion. In a patient recently under our own notice, suffering from attacks of angina pectoris, the diagnosis was made of fatty degeneration of the heart. Dr. WATSON thinks that the symptoms are due to over-distension of the diseased heart, which has not the power to expel from its cavities the accumulated blood. He thinks that this view is sustained by the ready relief which stimulants will often give during an attack, and says that the pains experienced when the intestines are over-distended with gas in colics, may be pointed to as an analogous case. Dr. LATHAM agrees with Dr. HEBERDEN, in considering angina pectoris as a true spasm of the heart, a purely vital affection, where there can be discovered no organic disease. Dr. HEBERDEN gives the following reasons for his belief:

"1st. It comes suddenly, and goes suddenly.

"2d. It has long and complete intermissions.

"3d. Wine and spirituous drinks, and opium, afford great relief.

"4th. It is increased by mental agitation.

"5th. It exists for years, without other injury of the health.

"6th. At first it is not excited by exercise in a carriage or on horseback, as is usually the case with scirrhus or inflammation, (organic disease.)

"7th. The pulse is not quickened in the very paroxysm.

"8th. The paroxysm attacks some after their first sleep, a frequent event in diseases which proceed from spasm."

By the side of these conclusions of one celebrated writer, let us place the deductions of another, elicited from his own observations of the disease. BELLINGHAM, who says that what dyspnoea is to the lungs, angina seems to be to the heart, and that angina pectoris might be called a "dyspnoea of the heart," has put on record the following conclusions:

"1st. That angina pectoris is to be regarded as a symptom of disease of the heart, not as a distinct affection.

"2d. That it does not occur, except where organic disease of the heart, generally of long standing, exists.

"3d. That its connection with spasm or neuralgia is doubtful.

"4th. That its probable cause lies in impediment to the coronary circulation, particularly to the return of the blood by the coronary veins.

"5th. That the diseased states of the heart in which it is most liable to ensue, are a condition of the aortic valves permitting free regurgitation, with a rigid dilated state of the ascending portion of the arch of the aorta, combined with either dilatation of the cavity, or attenuation or softening of the parietes of the left ventricle.

"6th. That even in these diseased states, angina may not occur, unless the heart's action is suddenly disturbed, or its movements are clogged or impeded by some mechanical cause."

From the cases that have come directly under his own observation, Dr. AUSTIN FLINT thinks that diseases of the aorta or of the aortic orifice are more constantly present than any others. Some call this disease a "neuralgia of the heart," but this, to say the least, is rather ambiguous. Others attribute it to simple weakness of the heart, but such hypotheses rest on very slight foundations.

Such are some of the most prominent opinions concerning the cause of this curious and interesting disease. What are we to believe from such a multiplicity of views? Simply this, that angina

pectoris depends upon cardiac disease, but upon no one particular variety of this disease, as yet ascertained, and that it is altogether probable that some particular abnormal condition exists in every case, the nature and anatomical peculiarities of which have not yet been discovered.

3d. *Its Diagnosis.* To one who is conversant with the actions of this disease, its diagnosis is generally perfectly easy. Its suddenness of approach and of departure, the agonizing radiating pains, the sense of impending death, the pain-stamped countenance, the fear of the slightest movement, the constriction of the chest—and especially if previous cardiac disease has been ascertained—all combine to point out to the physician the nature of the affection with which he has to deal. Still there are several affections with which he may confound it, unless proper care be exercised.

Paroxysms of cardiac asthma, sometimes occurring in the course of cardiac disease, present for their chief features, great difficulty of breathing, so that the sufferer constantly and restlessly changes his position, in the hope of obtaining more air, with which to relieve his suffering, and does not dread death every moment, but looks forward to coming relief. It does not present the abruptness, either of approach or of termination that angina pectoris does, and by these various symptoms, so different from angina, we are enabled to make the differential diagnosis between the two.

Intercostal neuralgia can be diagnosed by finding circumscribed tenderness upon pressure in the intercostal spaces, on the sides of the vertebral column posteriorly, at the lateral parts of the thorax, and anteriorly near the median line—and thus not be confounded with angina pectoris, even in its greatest severity. *Certain neuralgic pains of the chest* sometimes simulate true angina, but generally we can discover their origin in hysteria, anæmia, dyspepsia, and analogous affections, and as they lack the suddenness of true angina, and its terrible anguish, and principally present merely functional disturbance of the heart's action, we shall not generally be long at a loss to trace them to their proper source. Such are called cases of pseudo-angina, and do not present the peculiarities of true angina as respects age, sex, and several other particulars. Occasionally in organic disease of the heart, *neuralgic pains* will occur, not presenting the features of true angina, but they are not marked, and are of rare occurrence. Dr. CORRIGAN attributes painful paroxysms resembling angina-pectoris, in some cases to *acute aortitis*, but this,

it is well known, is one of the rarest of affections, and one that cannot be diagnosed with the least degree of certainty. It has been said that the pains of *severe pleurisy* might be confounded with those of *angina pectoris*, but this is not at all probable. Thus, by careful exclusion of various affections, we can almost invariably come to a correct diagnosis when this disease presents itself to our notice.

4th. *Its Prognosis.* The prognosis of this formidable affection is altogether unfavorable. Oftentimes the first attack will carry the unfortunate sufferer to the grave. Dr. LATHAM, in his interesting treatise on Diseases of the Heart, gives a full and graphic account of the death of a previously apparently perfectly healthy individual in less than three hours from the time of seizure, and of another even more rapidly fatal case, in which the patient, in the full vigor of health and strength, rose from the dinner table, with a strange feeling in the præcordial region, placed himself upon the sofa, and in less than an hour was found a corpse. It is altogether probable that in cases like these, the heart's action is arrested by spasm or paralysis, and death necessarily ensues. It is not always so rapidly fatal however, for sometimes the affection will continue at varied intervals for years, and the first attack may never be repeated, but this is too rare hardly to be hoped for. After the first paroxysm, others are to be looked for, more speedily in their intervals, more severe in character, and longer in duration. And yet, notwithstanding our fears, it is our duty to encourage our patients thus afflicted with all reasonable hope that theirs may be exceptional cases to the general rule, and to "give the prisoner the benefit of the doubt."

5th.—*Its Treatment.* Angina pectoris resolves itself into two parts, namely, 1st. The treatment during the paroxysm, and 2d, The treatment during the interval between the paroxysms.

1st. *The treatment during the paroxysm.* An attack of angina pectoris may be said to consist of two distinct symptoms—the *sense of impending death* and the *pain*, and these both require distinct treatment. The sense of sinking requires some diffusible stimulant, and although many preparations have been recommended, nothing has been found to act more advantageously than æther, ammonia, and brandy. HOFFMAN's anodyne is highly lauded by WATSON and other physicians of note. For the pain, almost all seem agreed that opium is the "*remedium principale*." Laudanum, and the aqueous solutions are preferable to the solid form of the drug on account of their

more speedy action. It must be given in doses proportionate to the severity of the attack. Some prefer placing a grain of morphia upon the tongue of the patient, and some place reliance upon belladonna, hyoseyamus and prussic acid. At the same time hot fomentations and sinapisms should be applied over the præcordial region, and stimulating pediluvia employed.

Professor LOOMIS has often seen great relief obtained from belladonna plasters over the heart. Professor FLINT remarks that the severest case that has ever come under his notice was relieved by the inhalation of chloroform. Some of these remedies, found recommended in all of the prominent text-books upon this subject, are too slow in their action, and others are dangerous and should never be employed. What treatment can we find then equally prompt and safe, and fully competent to give the sufferer relief in this his hour of bitter agony? Professor JOHN T. MERCALFE, late of the New York University Medical College, in lecturing upon this subject, strenuously advocates the hypodermic injection of MAGENDIE's solution of morphia, during an attack of angina pectoris. This at once recommends itself to our common sense, for it is simple in its execution, prompt in its action, and not nearly so likely to offend the stomach; nor can it be thrown off, and thus its beneficial effect lost, as is the case with several of the other prominent remedies. It has been extensively used by himself, in this as well as in various other painful disorders, with eminent success. In this institution, also, (Bellevue Hospital) it has ever given the most universal satisfaction. The dose to be commenced with is from 5 to 10 drops, and this is to be repeated in a few minutes if relief is not apparent, but almost invariably the first injection is all sufficient. It is immaterial in what part of the body it is injected. My own practice is to inject it under the skin of the arm.

2d. *The Treatment during the Interval between the Paroxysms.* All exciting causes, both physical and mental, and everything calculated to bring on an attack, must be carefully avoided. Experience is a severe instructor oftentimes, but a very useful one, and the person subject to these attacks, soon learns from what he should abstain. The passions are hard to be restrained, however, and sometimes those who have carefully kept themselves from every kind of food, and from every kind of exercise, calculated to do harm, are betrayed into a sudden fit of anger, and pay the penalty of the outbreak with their life. Thus was it with the great JOHN HUNTER. By carefully watching oneself, and abstaining

diligently from all things likely to harm, an attack may be long warded off. If in a patient subject to these attacks, we can discover any disease of the heart, or indeed, of any internal viscus, this, of course, will require its own proper treatment. We should strive in our treatment to preserve a just equilibrium, as it were, in the circulation, neither allowing the patient to run into plethora or anæmia, but combating either with its own proper remedy. The patient should abstain from all excesses, either in eating or drinking, venereal pleasures, muscular exertion, or mental effort.

In this disease, as we cannot hope to effect a cure, we must endeavor with all our power to ward off further attacks. As flatulence seems to aggravate it, it should speedily be overcome. The diet must be carefully regulated. In some cases, according to the constitution of the patient, a plainer diet than ordinary is required, and we are obliged to reduce the bounties of his table; and in others, wine, iron, and animal food must be insisted upon. We must carefully watch every symptom. On account of the close sympathy existing between the heart and stomach, mere dyspepsia has apparently been the sole cause of the paroxysms, so that this again is another indication for treatment. Thus by great care and strict watching, we may ward off an attack for a long time. But on the other hand, in spite of all our efforts, notwithstanding all our anxious care, as in some other diseases, attack will follow attack, the patient will sink and die, and the physician, with sadness, sees his best efforts put forth in vain. . .

Angina pectoris is not as common a disease as many are led to suppose, from some descriptions and accounts of it. Dr. FLINT remarks that only seven cases occurred, out of over one hundred and fifty cases where organic cardiac disease was present. It occurs much more frequently among males than among females, and much more frequently in persons over than under fifty years of age. Dr. FORBES says, "The majority of subjects of angina belong to that class of persons who are enabled to indulge in full living, without the necessity of undergoing severe bodily labor. Gout and obesity are frequently met with in these persons, but the very tendency of the disease is toward plethora, as active employments generally have to be given up."

. . . And this is angina pectoris, the dreaded disease. It is particularly interesting, because obscure. We are yet in much doubt as to the true origin of this singular affection. As yet we can but conjecture. Ours will be the pleasant

task patiently to investigate; ours to study the strange phenomena; ours, mayhap, to ascertain the truth.

VESICO-VAGINAL FISTULA:

Its History and Treatment.

By D. HAYES AGNEW, M. D.,

Demonstrator of Anatomy and Assistant Lecturer on Clinical Surgery in the University of Pennsylvania; one of the Surgeons of the Pennsylvania Hospital; and one of the Surgeons of the Wills Hospital for Diseases of the Eye.

(Concluded, from page 415.)

(Reported by Dr. Andrews, Resident Physician.)

Case 17. M. S., æt. 38 years, a native of Ireland, was admitted into the Pennsylvania Hospital, February 13th, 1866, suffering with vesico-vaginal fistula. She was a woman of good habits, but living in a miserable house, in the vicinity of one of our suburban towns. The accident happened with her fifth child; was delivered with instruments, after being in labor two days. Presentation, head. In her former labors she had experienced no trouble. The fistula, on examination, proved to be longitudinal, and quite two inches and a half in length. The tissues appeared healthy. After a few days of preparation, consisting in regulating the diet and opening the bowels, the operation for her cure was performed by Dr. AGNEW, in presence of Drs. HUNT, MORTON, and the Resident physicians of the hospital. The patient being under the influence of ether, the edges were extensively pared, and fourteen silver stitches inserted, which were secured by the shot-clamp; the approximation being effected longitudinally. She was now placed in bed, a catheter placed in the bladder, and one grain of opium ordered morning and evening. For four days everything went on well; all the urine passing by the catheter, appetite good, pulse normal, and abdomen soft. On the 5th she was taken with a severe chill, followed by headache, vomiting, and mental aberration. As she had suffered from chills before entering the hospital, it was hoped this might be nothing more than a return of the intermittent attack, and accordingly quinine was prescribed in antiperiodic doses.

6th. Vomiting continued; bowels loose; delirium increased; eyes inflamed; tongue dry and crisped. Lime water and milk administered; also camphor water, with liq. morph. sulphatis.

7th. Some abatement of vomiting; stomach retains a little liquid nourishment; bowels very loose, with dyspnoea and a sensation of choking; also some tympany; pulse 100. Beef essence, and an enema of tincturæ opii gtt. L. in a little starch water.

8th. Eruption made its appearance over the

abdomen, resembling that of typhoid fever; belly tympanitic; tongue dry and brown; dyspnoea less; pulse becoming more frequent; twelve of the stitches removed by Dr. AGNEW, with the assistance of Dr. HUNT, the union appeared complete, save a small point at the upper extremity of the wound. The removal was dictated by the feeling, that, possibly, they might have kindled up inflammation, which had extended to the serous lining of the pelvis and abdomen. Ten drops of oil of turpentine, in mucilage, directed every two hours; beef essence; milk punch.

9th. Patient exceedingly exhausted; pulse very frequent; muttering delirium; diarrhoea; enema of laudanum; continue stimulants and nourishment.

10th. Died.

Post-mortem, six hours after death. Adhesions between the margins of the fistula had given way, and were coated with a dirty lymph; no inflammation of bladder or uterus. The viscera of the abdomen were much congested, though not inflamed. Peyer's patches healthy; no signs of ulceration; no peritonitis; no metastatic abscesses. The lungs somewhat congested, (hypostatic); the pulmonary pleura covered with soft lymph. During life, a blowing sound emitted with the first sound of the heart was noticed, but no lesion of the organ appeared on examination. The blood was remarkably fluid. In all probability, had this patient been operated on outside of the hospital, the termination would have been otherwise. A number of cases of pyæmia having occurred in the wards, the atmospheric conditions were beyond all doubt unsafe. The same may be asserted of Case 16.

Case 18. Rose —, an Irish-woman, aged about 33 years, was admitted into the Pennsylvania Hospital in June, 1866, for vesico-vaginal fistula. On examination, a stricture of the vagina was found about the middle of the canal, the opening not exceeding a quarter of an inch in extent. The tissue around was dense, almost cartilaginous in consistence, and the vagina greatly diminished above. It was, of course, impossible to see just where the communication with the bladder existed, but of the fact no doubt existed, as the urine all passed through the vagina. The accident occurred in a first labor, which had been tedious, lasting two days. Thinks no instruments were used. Did not understand anything was wrong. It was of eight years' standing, and had once been operated on by a surgeon without success. Her health was tolerably good, though she was exceedingly nervous. I concluded to vivify the edges of the vaginal stricture,

and unite them with the metallic threads, thus converting the narrow upper part of the vagina and the bladder into a common cavity. This course was resolved upon, as the thickening and extensive rigidity of the vaginal walls would have made the process of dilatation very slow and unsatisfactory. This was accordingly done, and four sutures inserted, secured in the usual way. The bladder was kept drained with the self-retaining catheter, and everything passed satisfactorily until the fourth day, when she complained of great abdominal distension, with severe paroxysms of pain. All of this was due to accumulation of flatus, and nothing seemed to control it. Her appetite failed, and she was harassed with nausea. On the ninth day the stitches were taken out, but no union had occurred. She left the hospital with the understanding she should return, with a view of giving her some preliminary general treatment before another operation should be undertaken.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
October 27, 1866. }

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Ranula.

Miss Lizzie C., æt. 19. She has an affection of the sub-lingual gland, known as ranula, a very unusual disease in a young lady. She has had this trouble only about ten weeks. The tumor, which lies under the tongue, directly in the region of the sub-lingual gland, is perfectly soft and flabby, is painless, and does not interfere in any way with eating or swallowing.

Ranula consists essentially in an obstruction of the excretory ducts of the sub-lingual gland. The saliva is retained, and by pressing upon the walls of the gland a tumor is formed, which bears a striking resemblance to the belly of the tree-frog, hence its name, (ranula, a little frog.) Some suppose, however, that the term ranula is derived from the fact, that when the tumor is enlarged, it encroaches so much upon the mouth as to give rise to a croaking sound of the voice. It is a comparatively rare affection.

If a tumor of this kind be permitted to advance, without any attempt to interrupt its progress, it will ultimately attain a very large bulk, and consequently, by its pressure, may displace the teeth so as to render them oblique or almost horizontal. On the other hand, it may so encroach upon the extremity of the tongue, as to push it up against the roof of the mouth, thus impeding speech, deglutition, and respiration. Again, it may press down against the hyoid bone so as to become perceptible upon the exterior of the neck. It is innoxious in character. It incommodes only

by its bulk, and the pressure it exerts upon the surrounding parts. It is not even the seat of pain when of considerable size.

It is liable to occur at nearly all periods of life. It is seldom, however, witnessed in young subjects.

The tumor is compressible, easily indented, and fluctuates very distinctly. Upon being punctured, there escapes from it an exceedinglyropy or viscid substance, which is nothing but retained saliva in an altered condition. It is the function of the sub-lingual gland in health to throw off a certain amount of saliva constantly in the twenty-four hours. When the ducts by which this excretion is effected, are closed up, the fluid is retained, its watery portions are absorbed, leaving behind nothing but this peculiar thickropy substance.

There are various operations which may be performed for the relief of such an affection as this. One consists in evacuating the fluid, and injecting the dilute tincture of iodine, or a solution of nitrate of silver, sulphate of copper, port wine, or anything of a stimulating nature, the object being, after the evacuation of the contents of the tumor has been effected, to produce adhesive inflammation, by which the contiguous surfaces shall be glued together. Another operation consists in introducing a seton, arming a long needle with thread properly waxed, and depositing it, tying the ends together, and cutting them off close to the knot. In this way the requisite amount of adhesive inflammation is promoted, followed by the obliteration of the sac. Another operation consists in seizing hold of the wall of the tumor, transfixing it with a tenaculum, and then with a pair of scissors, or sharp bistoury, or scalpel, cutting off a considerable portion of the tumor; the contents escape, followed by a collapse of the sac, and by an amount of inflammation which will eventuate in the obliteration of the sac. This is the operation which will be performed here. It is very simple, not painful, and successful. Sometimes it happens, in spite of all precautions and the greatest care, that there is a reproduction of the tumor; a portion of it remains unobliterated, and becomes the starting point of new development.

The anterior preventient section was snipped off, followed by an instantaneous escape of its contents. The fluid was very viscid.

Large Sebaceous Tumor in an Unusual Situation.

Lizzie R., æt. 22. She has a large tumor upon the back portion of the right side of the neck. It has been there for fourteen or fifteen years. The skin is not particularly discolored; it is perhaps a shade or two more red than the parts around, owing to the pressure of the morbid mass on the skin producing congestion. It is movable, not painful, and came on without any assignable cause. It has a somewhat elastic feel, bordering on the doughy.

A sebaceous tumor is exceedingly uncommon on this portion of the body, and it is larger than a sebaceous tumor usually is; but the exploring needle shows it to be of this character.

The tumor was removed by a perpendicular incision.

Hereditary Syphilis.

Edward M., æt. 13. The vomer, and some portions of the turbinated bones, have been discharged from the nose of this boy. The nose is somewhat deformed. It is curved, the convexity presenting toward the right side, and there is a good deal of swelling on that side. There is unnatural heat, and some discoloration. The nostrils are very small. A bad odor was first noticed last May, and now the emanations are highly fetid. The palate bones are partially destroyed; there is a cavity between the mouth and nose. There is a large ulcer in the soft palate, the bottom of it presenting toward the uvula.

The father, twenty-two years ago, had syphilis.

A solution of acid nitrate of mercury, one part to four or five of water, was applied by means of a small piece of sponge, to the ulcer of the palate. This application ought to be repeated tomorrow, with a weaker solution, and again in forty-eight hours. Two or three applications are always sufficient, provided the local treatment is properly seconded by constitutional. Three grains of iodide of sodium, and one-twelfth of a grain of corrosive of sublimate, were ordered three times a day. The nose should be injected several times in the twenty-four hours, with permanganate of potassa; one-fourth of a grain to the ounce of lukewarm water. Diet should be plain, simple, and nutritious. He should be well protected from the cold; flannel should be worn next the skin.

EDITORIAL DEPARTMENT.

Periscope.

On Dealing with the Pedicle in Ovariectomy.

MR. SPENCER WELLS, at the recent Annual Meeting of the *British Medical Association*, delivered a clinical lecture on the different modes of dealing with the pedicle in ovariectomy. The subject is of importance, in view of the increased favor with which the operation of ovariectomy is received, and the *want of success* which has accompanied not a small proportion of recent cases. Dr. WELLS thus alludes to the use of the cautery:

"The *cautery* alone would almost certainly fail to stop such large vessels as are frequently met with in a pedicle. So might the *écraseur* alone, or the crushing which precedes division by the *écraseur*. But the combination of crushing and the cautery is certainly efficacious in a considerable proportion of cases. Latterly Mr. BAKER BROWN has published so many cases in which he has successfully secured the pedicle on Mr. CLAY'S principle, combining pressure with the cautery, that I have tried it in five cases. Three of the patients recovered, and two died. In three the cautery was alone sufficient to stop all bleeding. Two of these patients recovered and one died. In two others, on opening the clamp, considerable vessels bled, and ligatures had to be applied. One of them recovered and the other died."

In his paper, read before the same Society, and published in full in a recent number of the *British Medical Journal*, Mr. BAKER BROWN concludes with the following remarks, after giving the details of his last thirteen cases:

"The preceding thirteen cases of completed ovariectomy constitute the third series of cases in which the pedicle has been treated by the actual cautery, and of which two series of twelve and eleven have already been given to the profession within the last twelve months, in the *Lancet* and in the *Transactions of the Obstetrical Society of London*. Of the whole number, thirty-six, five have died; two in the first two series, and three in the third. On analysing these cases, we find, that with one exception, death occurred only in such as had been treated by ligature in addition to the cautery. In this, death was due to hæmorrhage from the site of an adhesion to which neither the cautery nor ligature could be applied. In all the others a ligature had been used in addition to the cautery. I have, therefore, abundant reason to conclude that the cautery is preferable to all methods hitherto adopted; and from the results in other cases, that failure of the cautery does not interfere with the proper application of the ligature, nor lessen the chances of success. I should not omit to say that great care should be exercised in having the clamp properly made; and, it is worthy of remark, that the last case of failure was due almost, if not altogether, to the fact that the roughened surface had been worn down by repeated use, the pedicle being at the same time exceedingly vascular. To avoid this result, the rough surfaces of the clamp should therefore be occasionally renewed.

Fracture of the Patella by Muscular Action. Treatment by a Ring.

Dr. W. A. GIBSON, of St. Louis, reports an interesting case of fracture of the patella in the *St. Louis Medical and Surgical Journal*:

The patient, 35 years of age, had been affected with rheumatism of the knee-joint, from which he had recovered under treatment with iodide of potassium, wine of colchicum, and cod liver oil. In attempting to get into a buggy he felt a sudden shock, as if something had hit him with a stone, on the knee. The patella was found fractured transversely through its middle, the fragments separating about one inch. Dr. GIBSON, discarding the various modes of treatment usually recommended in these cases, had a ring made of iron, well padded with cotton wadding, cut in strips, and wrapped around the ring, over which a bandage was applied. To each side of the ring strips of bandage were sewed. A well-padded splint, twenty-four inches long, was placed to the posterior aspect of the leg and thigh, and secured by a few turns of bandage at the lower and upper ends, loosely, so as not to interfere with the circulation. The two fragments of bone were then brought in apposition, the ring placed around the patella, the strips of bandage tied over the splint, thus securely holding the ring in its place, and keeping the broken bone always in complete apposition. At the expiration of thirty days the

ring was removed, passive motion commenced, and the union found bony and complete. He has now good use of the limb.

The appliance gave the patient not the least pain. Dr. GIBSON is confident that by this simple mode one of the ugliest fractures has been reduced to one of the simplest for treatment.

Comparative Frequency and Varieties of Hernia.

Dr. JOHN L. SULLIVAN writes to the *Nashville Journal of Medicine and Surgery*, giving his statistics of hernia:

Number of men examined, 10,000. Number rejected on account of hernia, 455; or 45.5 per 1000:

Varieties:	Femoral hernia, right,	.	1
	" " double,	.	1
	Umbilical,	.	6
	Ventral,	.	9
	Inguinal, right,	.	234
	" left,	.	173
	" double,	.	31
			455

Ventral Hernia Cured by Subcutaneous Incision.

Dr. M. S. GREENE, of Pontiac, Michigan, relates this case. The patient was a little girl, 6 years of age, of frail development, in whom, while at play, the tendon of the *external oblique* muscle, had given way at a point above POUPART'S ligament, and nearly an inch below a line drawn between the anterior superior spinous process upon the left side. The rent thus formed was nearly or quite an inch in length, and soon became almost as wide, admitting a protrusion of the omentum equal in bulk to a large sized orange. Though reducible at first, it was impossible to retain the protrusion and various devices of local pressure, etc, which were tried for the purpose of retention, failed.

The case thus remained for a period of about six weeks, when the tumor, which for some days had been growing sensitive and painful, began to threaten suppuration in its integumentary covering and called for immediate attention. The hernia was now found to be irreducible from induration of the columns of its ring, and the tumor fluctuating from effusion external to the sac, consequent upon partial strangulation. This effusion was shown by the exploring needle to be sero-purulent, and amounted to a considerable quantity. This was evacuated through a small valvular puncture, made opposite the inferior margin of the ring, and then a narrow probe-pointed bistoury guided by a small grooved director was carried down to the strictured opening, avoiding the hernial sac, and after entering the abdominal cavity, was made to cut its way out so as to relieve the stricture at its lower border. By this operation complete reduction was effected. Then the knife, guided as before, was again inserted, and passed around the entire circumference of the ring, in such a manner as to pare and irritate its thickened edges. This done, the thigh was flexed upon the pelvis, and

so retained by being placed upon a double-inclined splint. The longitudinal edges of the tendinous rent were then brought near together, and the approximation completed by antagonistic compresses, adhesive strips and bandages. The result was a radical cure.

Ether Spray in Strangulated Hernia.

Dr. JOHN BARCLAY, reports in the *Brit. Med. Journal*, a case of strangulated hernia, in which reduction was accomplished after the use of ether spray. The pain induced by the most gentle handling of the hernial tumor was so intense, that Dr. B. had to desist from taxis. Having brought with him RICHARDSON'S ether spray apparatus, thinking it might be useful in lieu of ice,—it was determined to invert the patient, apply the ether spray short of freezing the skin, then to attempt the reduction, and, if failure was the result, to operate by the knife.

The head and shoulders then being supported on the floor by some pillows, and the buttocks raised as much as possible against an inclined plane, extemporized by an inverted bedroom chair, the ether spray was directed in the usual way on the swelling, for about forty seconds, when a minute spot of skin appeared white. The spray was at once removed, and on applying the fingers of the left hand on the swelling for about two seconds, accompanied by the most trifling pressure, plump up (or rather down) went the hernia, to the great delight and satisfaction of all. The man made a first rate recovery.

The Use of Glycerine.

A German chemist named PUSHER, a native of Nuremberg, reported to the Trades Union of that place, that he met with great success in using glycerine together with glue. While generally, after the drying of glue, the thing to which it is applied is liable to break, tear, or spring off, if a quantity of glycerine, equal to a quarter of the quantity of glue, be mixed with it, that defect will entirely disappear. PUSHER also made use of this glue as lining for leather, for making globe frames, and for smoothing parchment and chalk paper. He also used it for polishing, mixing wax with the glycerine, and using it as an underground for laying on aniline red color. The red was found to exceed all others in which glycerine is not used. The glycerine has also some properties in common with India rubber, for it will blot out pencil marks from paper, so as to leave no mark whatever.

A paste made of starch, glycerine, and gypsum, will maintain its plasticity and adhesiveness longer than any other known cement, and does therefore recommend itself for cementing chemical instruments, and apparatus used by pharmacists.—*Journal of Applied Chemistry*.

—OSMOTIC PROCESS FOR SEPARATING SUGAR.—

In France, sugar has been lately separated from beet molasses by applying the osmose principle. The membrane used is paper-parchment. Water is passed upward, and molasses downward, on opposite sides of the membrane.

Reviews and Book Notices.

Diseases in the American Stable, Field, and Farm Yard; Containing a Familiar Description of Diseases, their Nature, Cause, and Symptoms; the most approved Methods of Treatment, and the Properties and Use of Remedies, with Directions for Preparing them. Expressly adapted for the Amateur, Farmer, and Breeder. By ROBERT M'CLURE, Principal of the Merchant's Veterinary College of Philadelphia, Consulting Veterinary Surgeon to the Philadelphia Society for the Promotion of Agriculture, and Medalist to the United States Agricultural Society. Philadelphia: Published by the Author, 807 Filbert Street. 1866. 8vo., pp. 414. Price, \$5.00.

We have formed a not very exalted estimate of the present state of veterinary knowledge in this country, or we would hardly be able to say that this work will render very useful service. It is said to be intended specially for the amateur, farmer, and stock-breeder; at the same time expecting to be of use to the veterinary surgeon; "although," it is added in the preface, "some of the doctrines may appear novel to him." The author's confidence, either in his own judgment, or in that of his selected authorities, takes sometimes the shape of dogmatism. As, thus (p. 13):

"The antiphlogistic plan of treating disease was derived from a theory now entirely exploded, and almost forgotten. Repeated bleeding, blistering, physicking, and starving on low diet, are some of the measures entering into the general plan which has destroyed more life and property than all the wars, ancient or modern. Bleeding, in domestic practice, is almost discarded, and in veterinary practice it should never have been employed."

As to "domestic practice," Wood, in this country, and WEST abroad, representing conservative, and AITKEN, progressive medicine, with many other of the *greatest* authorities, view the comparative disregard of blood-letting as a transitory phase of medical opinion and practice. We make bold, without having had a large field of observation in "animal medication," to believe precisely the same in regard to it there.

Some approach to the pedantic in style sometimes forms an exception to our author's generally clear and energetic English. Referring to the heading "Rinderpest," the following paragraph is found (p. 348):

"This is the Dutch name of cattle plague. So much am I against such ignorant and unmeaning names being used by persons you would insult, if they knew that you had but a poor opinion of their scientific attainments. The disease will be

found treated of under the article Typhus Contagiosus Boum (contagious typhus of cattle)."

So *technical* a writer might to advantage have more solicitously corrected his own MS., or proof, and thus avoided such occasional errors as are left—as, for instance, in the article on Glanders (pp. 94, 95), the expression, "there is *one phenomenon* never absent in this disease;" again, "which explains the reason why horses with a cold terminates in glanders." And, what is meant (p. 92) by naming Prof. POLLI's theory of arresting zymotic fermentation "a new *intero* chemical doctrine"?

We will not prolong these criticisms upon a book not professedly written for scientific men. For the general reader it contains, as we have said, or implied, a great deal of useful information. To the medical man also, in regard to the horse, there are many things which it may be useful for him to know, not mentioned in his own text books. We are not sure that this is the very best work for reference upon such subjects; but perhaps none of like size and price is more convenient for it.

As a matter of opinion, we may notice that Prof. McCLURE has great faith in the use of sulphites, especially the sulphite of soda, in cattle-plague, glanders, and farcy. Farcy, by the way, he calls (p. 65) the "the scrofula of the horse." Still he considers it, not quite in accordance with the ordinary views of pathologists, "nothing more nor less than the effects of a class of pathogens called ferments, leavens, or zums, acting and producing fermentation in the blood."

Clinical Observations on Functional Nervous Disorders. By C. HANDFIELD JONES, M. B., Cantab.; F. R. C. P., Lond.; F. R. S.; Physician to St. Mary's Hospital. Philadelphia: HENRY C. LEA. 1867. 8vo., pp. 345.

After its periodical reprint with the "Medical News," Mr. LEA has issued this book in a neat volume. It is well worth reading; as the work of a first class scientific mind, busily engaged in observation as well as reflection. The disorders it considers are among the most frequent and important, as well as often obscure and difficult to treat. No one can read these pages without finding something suggestive and valuable.

What the author himself indicates as most worthy of attention are, the recognition of primary paresis (*i. e.*, functional debility without structural lesion) of nervous centres, and its distinction from reflex paralysis, the numerous illustrations of vaso-motor nerve disorder, the theory of inhibitory action, the remarkable affinity between paralysis, spasm, anæsthesia, and

neuralgia, the different quality of nervous disorder, apparently of the same kind, in different instances, the intimate relation of neuralgia in most instances to debility, and the importance of an accurate adjustment of remedies to each individual case.

It must not be supposed, from the recondite nature of some of these subjects, that Mr. JONES has considered them merely in a speculative manner. His *data* are chiefly clinical, and his aim eminently practical. Few writers have better illustrated the possible combination of rationalism with empiricism in therapeutics. Mere practitioners, with no thought beyond the bed-side, may read his cases and conclusions, and especially his thoughtful analysis of the action of remedies in neuroses (pp. 315-335), with great advantage. A philosophic reader will find matter worthy of rumination and digestion in all parts of the book.

Hardly anything in it is more interesting than the consideration of the effects of opium, belladonna, and digitalis. As to opium, he remarks (p. 324) that "by stimulating the vaso-motor nerves it produces contraction of arteries, and thus lessens the flow of blood to various parts. Hence the skin of the face and head in opium narcosis becomes pale and cool, while the brain, more or less deprived of blood, lapses into sopor. Hence also hyperæmias, hemorrhages, and morbid exudations are arrested, and even natural secretions restrained. These instances seem to me almost conclusive; if opium did not contract arteries, how could it arrest uterine hemorrhage?"

Of digitalis, Mr. JONES observes that the advantage of giving it in large doses in asthenic delirium tremens has been sufficiently proved. It is tonic or roborant to an enfeebled heart, although, probably by a kind of oppression, lowering the action of a vigorous one. A case is cited, in which a woman *in articulo mortis*, from flooding after child-birth, was restored, after brandy and ether had failed, by hourly doses of half a drachm of tincture of digitalis, continued for seven hours.

The striking modifications of our old-time views of the action of this remedy, illustrate the need of more investigation into *positive therapeutics*. As Mr. JONES writes: "While duly estimating morbid anatomy and minute physical diagnosis, I cannot but reiterate the wish I have several years ago expressed, that we were more earnest in inquiring into the working of our means of cure, and gaining a more thorough mastery over them." In the present work he has made a valuable contribution toward this object.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, DECEMBER 8, 1866.

THE INTERNATIONAL MEDICAL CONGRESS.—THE QUESTIONS FOR DISCUSSION.

In the last number we give *in extenso* the Statutes and Programme of the International Medical Congress to be held in Paris next summer. That document, as we have received it from the Secretary-General, Dr. JACCOUD, is accompanied with a Commentary by the Committee, in which attention is called to the importance of the questions which are to come before the Congress, and also to the main points which it is desirable should be elucidated, and the facts which it is the object to establish by the conjoined labors of the Congress. We will lay before the reader this Commentary of the Committee, with such few remarks as they may suggest.

The first subject is: *The pathological anatomy and physiology of tubercle.—Tuberculization in various countries, and its influence on general mortality.*

On this, the Committee remark as follows:

"But a few years ago, it seemed that the anatomo-pathological history of the lesion known under the name of tubercle, had been completely determined: the mode of development, the anatomical seat, and the consequences of this morbid change appeared well established.

"Assertions, recently advanced, and which are far from being conformed with, or generally accepted, have raised doubts and originated hesitancy, relative to the pathological anatomy and physiology of tubercle.

"It would be useful to know, whether the sufficiently-marked differences of opinion, which exist, in this respect, among observers, may be owing to differences arising from the circumstances under which this morbid change is developed, or whether they only result from a varied interpretation of identical facts.

"It should hence be inquired:

"Whether there really exists a special production, or even *specific*, which can be considered as characteristic of tubercle?

"What is the precise mode of formation of this pathological change?

"Finally, whether it has an exclusive pathological seat, determined and identical in all the organs?

"In these researches, it is desirable that anatomical and histological demonstration should

occupy a larger scope than theoretical interpretations and doctrines, and that personal impressions or speculative deductions should not be substituted for rigorous experimentation and observation.

"The exact value, too, and the character of certain alterations, which by some observers are considered of tubercular nature, while others view them as arising from a truly inflammatory process, should be determined as precisely as possible.

"As it is seen, the question is mainly regarding that form of morbid change which has been designated by certain authors by the term '*caseous pneumonia*'—'*pneumonic caséuse*.'

"Is it really possible to inoculate tubercle in the manner of virulent diseases? This question, raised in these latter days, demands yet a solution, to which the labors which the Congress solicits, may contribute.

"As to the second part of the question, the etiological conditions which, in different countries, are considered as having an active and preponderating influence, should be determined before everything else.

"The influence of age, sex, climate; that of different races, social habits, beverages, aliments; of special industrial employments in localities where observation has been made; finally, the influence exercised by antecedent or coincident maladies, are the other particular points to which attention should be directed.

"In studying these diverse questions, with the aid of materials of direct observation, which each can dispose of personally, science will certainly be much more promoted than in accumulating, on these various subjects, quotations and hypotheses.

"The most common symptomatic forms in this or that locality are quite important to be well specified, as also the most frequent complications, and the influence which they may exercise on tuberculization, either in hastening or retarding its march.

"It is equally desirable to study, in various countries, the influence which tuberculization may exercise on the development, the symptomatic form, the march, and more especially, the termination of other maladies.

"This will at once be a means of learning 'the influence of tuberculization on the general mortality in different countries,' a question, the importance of which is not doubtful, if the ravages which this affection makes among populations is considered.

"It is very important, and this point cannot

be too earnestly insisted upon, that the documents sent with the object of studying these various questions, should be as exact as possible. All records, even, and perhaps before all, *official statistics*, should be submitted to a rigorous examination, before accepting them to the title of materials of positive value."

So far the suggestions of the Committee, which are short, but to the point. If they are carried out, a complete natural history of tubercular disease will be one of the results of the labors of the Congress. What we wish is, that to the settlement of this, as well as all other questions which shall come before the Congress, American science shall contribute its share. Here an opportunity is offered to some of our able workers with the microscope, our pathologists, our medical statisticians and sanitarians, to show that science in this country, in spite of the many material drawbacks, is not in such a primitive state of development as our brethren across the Atlantic are in the habit of thinking.

In our next, the subject will be further considered.

Notes and Comments.

Visiting Lists for 1867.

Those wanting Visiting Lists for 1867 should send in their orders *immediately*, that we may send them out before the first of January.

See second page of cover for commutation prices.

We would also call attention to the announcement of the Physician's *Daily Pocket Record* in our advertising columns, which we think will be found to be the most complete visiting list that has yet been issued. We expect to have it ready to send out before the first of January.

The *Record* is intended for thirty-five patients on a page, and there is space for memoranda for each day.

Those ordering visiting lists, will please designate the kind they want, as the *RECORD*, *LINDSAY & BLAKISTON'S*, or *TOWNSEND'S HAND-BOOK*.

Priced Catalogue.

Our *Priced Catalogue* is now ready. Physicians will find this useful for reference in regard to the works published on any subject in medicine or the collateral sciences, and their prices; also the prices of many surgical instruments, and other appliances and articles useful to the practitioner.

Willamette University, Oregon.

We have received the Circular of the Medical Department of Willamette University, located at Salem, Oregon. It has a full corps of eight professors, as follows: H. CARPENTER, M. D., Civil and Military Surgery; E. R. FISKE, M. D., Pathology and Practice of Medicine; J. B. BOSWELL, M. D., Obstetrics and Diseases of Women and Children; J. H. WYTHE, A. M., M. D., Physiology, Hygiene and Microscopy; D. PEYTON, M. D., Materia Medica and Therapeutics; J. W. McAFEE, M. D., Chemistry and Toxicology; A. SHARPLESS, M. D., Descriptive and Surgical Anatomy; Hon. J. S. SMITH, Medical Jurisprudence. W. C. WARRINER, M. D., is Demonstrator of Anatomy.

There are now two medical colleges on the Pacific coast—one at San Francisco, California, and one at Salem, Oregon. It is a beginning, we hope, of better things for our profession, in that once distant, but now, through the influence of telegraphs and railways, comparatively neighboring region.

Correspondence.

FOREIGN.

The Cholera.

DUBLIN, November 10th, 1866.

EDITOR MEDICAL AND SURGICAL REPORTER:

The cholera continues its ravages through these countries. The deaths from this disease in Dublin for the weeks ending October 20th and 27th, and November 3d, have been 118—118—93, respectively. The disease, however, seems to be on the decrease in this city. In England it has appeared in many more of the provincial towns, and in Edinburgh is prevalent to a serious extent. On the Continent of Europe the ravages seem to have been greatest in Austria, where the mortality up to the present is stated to have been 200,000; a great part of which seems to be owing to the misery caused by the late war. Cholera has appeared in Sicily, and is at present prevalent in Messina.

Diminution of Families in France.

The following statement, copied from the *Lancet*, is of considerable interest, as showing the increase of the peculiar methods of preventing the growth of families in France. The *Lancet* says, Mons. HUSSON has just made a statement at the Imperial Academy to the effect, that formerly five children might be counted for each marriage in

France; in the commencement of the present century that number fell to four—and now each marriage hardly produces three children in the country, and in Paris, but two.

New Method of Treating Epithelial Cancer of the Cervix Uteri.

A new mode of treating epithelial cancer of the cervix uteri and uterine cavity, was brought before the Obstetrical Society of Toulon at their last meeting, by Dr. ROUTH, who detailed two cases where he had used a solution of bromine, five minims to fifty of spirits of wine, (rectified spirit,) as a local application. In one case at the cervix, after the use of the actual cautery, for the repression of hæmorrhage; and in the other to the inner surface of the uterus, after the removal of a cauliflower excrescence by means of the *écraseur*; both these cases proved successful. Dr. ROUTH admitted the cases were inconclusive as to the real value of the remedy, but thought them sufficient to warrant a fuller trial.

Spotted Fever—Varieties of Fever.

As I have seen in your issues of September 1st, October 6th and 20th, (just received,) reference to a disease which seems to be new to many of your physicians, namely, that termed "Spotted Fever," perhaps I may be allowed to make a few remarks with regard to a disease—or more correctly speaking—several diseases, which your physicians have lately met with.

The disease, or diseases, mentioned in the *REPORTER* as "Spotted Fever," are very familiar to our profession in these countries, and most familiar to Irish physicians.

As I happen to be attached to an hospital especially devoted to the treatment of febrile diseases, "Spotted Fever" has come particularly under my notice. There are four varieties, (many consider them to be distinct species,) of what are termed continued fevers, recognized in these countries, namely, simple continued fever, or febricula, typhus fever, typhoid or enteric fever, and relapsing or famine fever. Of these the first varies from mere feverish conditions, scarcely deserving the name of a disease, to typhus without spots. The second and third varieties are both spotted fevers, but the spots differ very much in each variety, as do also those cases where the diseases run separate courses, which, however, is not always the case. The fourth variety, or famine fever, is a disease essentially produced by want, and differs little, if at all, from typhus, except in its tendency to recur several times after the patient has apparently arrived at convalescence. The second and third varieties are those especially which I wish to refer to, as

coming under the head of spotted fevers. The typhus makes its invasion as described in the *REPORTER*, by Dr. SMITH, of Cooperstown, N. Y., as a general malaise, commencing with a shivering fit, followed by hot skin, great uneasiness, headache, pains in the bones, and perhaps sickness of stomach. A mottled condition of the skin shows itself on, or a little after the seventh day; this mottling gradually passes into well-marked purple spots, which become darker and darker, and gradually less influenced by the pressure of the finger, until the disease attains its height. The patient often becomes delirious, and in many bad cases, comatose; a pulling of the bed-clothes, and subsultus tendinum are present as symptoms. The tongue at first is usually covered with a whitish fur, gradually becoming brown, and in the worst cases black; in which case the patient is unable to protrude it. The pulse becomes very weak, and in bad cases almost imperceptible to the touch. The bowels are usually confined.

In the third variety of continued, or second form of spotted fever, known as typhoid, or enteric, the invasion of the disease is usually slower than in typhus, but accompanied by similar symptoms; the patient, however, is usually able to go about longer than at the commencement of typhus, although the pulse is quick, and the temperature high. The spots in this variety are smaller than in typhus, of a bright-red color, and always disappear upon slight pressure of the finger, are few in number, (sometimes only two or three,) and appear in successive crops, whereas all those of typhus usually appear together, and fade together. The brain is less affected than in typhus; the tongue is red, and *too* clean. The distinguishing characteristic of the disease is the peculiar and well-marked diarrhoea, the discharges resembling pea-soup. There is always pain and gurgling upon pressure, in the right iliac region. The disease is always accompanied with ulceration of Peyer's glands, which is the cause of the pain and diarrhoea. It should be remarked that the spots may be absent in either of those forms of spotted fever.

Another complaint appears to have been confounded with spotted fevers by your contributors, viz., cerebro-spinal arachnitis—Dr. SMITH thinking them one and the same. Cerebro-spinal arachnitis has appeared in this country on several occasions, as an epidemic, quite independent of typhus or typhoid fevers, but it is a frequent complication of typhus, especially among children. Those cases described by your contributors as accompanied with stiffness and rigidity of muscles, and tetanic spasms, are cases of cerebro-

spinal arachnitis, or that disease as a complication of typhus.

It will be found that typhus and typhoid fevers are often mixed in the same patient, both kinds of spots being present, or else typhus spots with typhoid diarrhoea.

On a due discrimination of these different forms of disease will depend the treatment to be pursued. Typhus fever will generally require stimulant treatment, but this must be regulated entirely by the state of the pulse. If the head symptoms are severe, shaving the head, applications of cold to the temples, will be found usually to succeed in alleviating them. Typhus generally runs a course of three weeks, or a month.

In typhoid, or enteric fever, the diarrhoea is the chief thing to be controlled. The best modes of combating this are sulphuric acid, two drachms of the dilute acid of the British Pharmacopœia, to eight ounces of camphor-water, an ounce every two or three hours. If this does not succeed, morphia may be combined with it. A blister should always be applied to the right iliac region. Stimulants will often also be required in these cases. The duration of typhoid cases is much longer than of typhus, often extending to six weeks, two months, or even more. These are the cases your contributors have described as running such long courses.

Cases of arachnitis should be treated with leeches to the head, (behind the ears and to the temples,) to the back of the neck, and blisters in the same localities. Stimulants will often be found useful and necessary. Iodide of potassium, introduced to the notice of the profession by Dr. HENRY KENNEDY, of this city, will be found of great service in the treatment of arachnitis. It should be administered in four-grain doses every two or three hours.

I have no doubt that your readers will find these remarks, upon diseases well-known and common in these countries, of interest, and will not fail to utilize the experience of some of our greatest fever doctors, which I have endeavored to epitomize in this letter. T. W. G.

DOMESTIC.

A Set of False Teeth Swallowed and Passed through the Bowels.

EDITOR MEDICAL AND SURGICAL REPORTER:

A few weeks ago, I was summoned in haste to see Mr. W., a respectable resident of this city, and found him much agitated, and suffering acute pain in the stomach. He is subject to epileptic fits, and stated, that on the previous evening, just before retiring for the night,

he had an attack, which lasted ten minutes. After recovering, he suffered considerable pain in the throat, which was soon transferred to the chest, and then to the stomach, where it still continued. He did not feel alarmed until in the morning, when, on search being made for his *false teeth*, they could not be found, and he had now become convinced, that while in the fit, he had swallowed them.

The teeth, seven in number, four on the right, and three on the left of the incisors, (which latter were sound and in their places,) were on a gold plate, extending almost entirely around the upper jaw, and were kept in position by means of clasps embracing a molar on each side. These clasps, extending only about three-quarters around the two teeth, were of course open, presenting tolerably sharp prongs at each extremity of the plate, rendering them liable to catch and effect a lodgment in the intestines.

These statements being corroborated by his family, I concluded he had swallowed the teeth, and recommended a course of mild cathartics; meantime to abstain from solid food, and drink abundantly of soups, broths, and slippery-elm water.

I heard nothing more from the patient for several weeks, when being called to see another member of the family, I learned, that about a week after my former visit, he had passed the plate and teeth entire, and was now wearing them. The trip through the *primæ viæ* not having changed their form, or impaired their usefulness.

He stated, that as the plate advanced, he suffered severe pain at different points in his bowels; and that on such occasions, he would lie down, change his position, and manipulate the abdomen until the pain ceased.

I send you this statement of the case, thinking it might interest some of your readers, and as showing how formidable an obstacle may be received into the stomach, without producing any serious disturbance.

THOMAS GALT, M. D.

Rock Island, Ill., Nov. 23d. 1866.

— TO DETECT SULPHURIC ACID IN VINEGAR.—A German journal publishes a neat process, which may be thus briefly stated. Into the vinegar to be tested, put a small quantity of starch, boil the solution down to half its original measure, then drop into it a very minute portion of iodine. If the vinegar is pure, the usual blue tint will be shown; but if it be adulterated with sulphuric acid, no such coloration will take place, because the action of this acid upon starch converts it into glucose or grape-sugar.

News and Miscellany.

Value of Insects.

Great Britain pays annually \$1,000,000 for dried carcasses of that tiny insect known as the cochineal; while another—also peculiar to India—gum shellac, or rather its production, is scarcely less valuable. More than 1,500,000 human beings derive their sole support from the culture and manufacture of the fibres spun by the silk worm, of which the annual circulating medium is said to be \$200,000,000. In England alone—to say nothing of the other parts of Europe—\$500,000 are spent every year in the purchase of foreign honey, while the value of that which is native is not mentioned, and all that is the work of the bee; but this makes no mention of 10,000 pounds of wax imported every year. Besides all this, there are the gall-nuts, used for dyeing and making ink; the cantharides, or Spanish fly, used in medicine. In fact, many insects are contributing in some way—directly or indirectly—in swelling the amount of our commercial profits.

— **PREPARATION OF OXYGEN.**—A new process has been patented in France, for obtaining a supply of oxygen gas from common air, by means of highly oxygenated compounds, such as chromates and bi-chromates, manganates and permanganates, which, if deprived of a portion of their oxygen by means of steam, have the power of absorbing oxygen again, when exposed to a current of dry heated air. The improvement consists in making the action continuous, by placing in a retort one of the compounds mentioned, and passing into the retort a current of steam. A current of oxygen is carried off and collected in a gas-holder, while the steam is condensed to water. When oxygen has ceased to be eliminated, a current of dry heated air is forced into the retort. The compound absorbs a portion of oxygen, and is again ready for the action of steam. Thus by the alternate action of air and steam, the same compound produces oxygen for an unlimited period. The process is said to work with great regularity, and may yet be of considerable importance in metallurgy.

— **OZONE.**—Mr. G. PLANTE, in a note to the French Academy, states that fifty per cent. more ozone is produced in the electrolysis of water, when the poles are of lead, than when they are made of platinum. He conjectures the increase is the result of the secondary action of a layer of oxyd on the electrode.

— **DR. ISAAC COMLY**, formerly of Byberry, has accepted the position of Professor of the Theory and Practice of Medicine in the Female Medical College of Pennsylvania.

— **RHEADINE.**—HESSE has discovered a new alkaloid in the red poppy; it is also found in good opium. It is soluble in water, alcohol, and ether, and crystallizes from the last in white prisms.

— **ROSTAN**, one of the medical celebrities of Paris, died on the 4th ult., at the age of 76.

METALLIC SPECTACLES.—M. FOUCAULT recently communicated to the French Academy of Sciences the fact that the sun may be viewed through a lens covered with silver leaf. The sun's disc, shorn of its beams, can thus be clearly seen. Subsequently, M. MELSCIUS made a useful application of FOUCAULT's discovery. Having been injured while making an experiment in the laboratory, his eyes were painfully affected by light. In this condition, he had recourse to spectacles with black glasses, such as are used by engine-drivers; over these he put green glasses, which answered pretty well; but on further experiment, he found the best method was to use pale-blue goggles covered with silver or gold film, and these he recommends to all persons troubled with weak eyes.

— **SIDNEY SMITH's** daughter **SABA**, second wife of Sir **HENRY HOLLAND, Bart.**, Physician-in-Ordinary to the Prince-Consort, and afterward to the Queen, has recently died. She was the authoress of a life of her father.

MARRIED.

JOHNSON—REYNOLDS.—October 10, 1866, in Licking co., Ohio, by Rev. H. C. MacBride, A. M., Isaac U. Johnson, M. D., and Miss Lucretia Reynolds, both of Reynoldsburg, Franklin co., Ohio.

MERRILL—MCCLARY.—Nov. 15th, by the Rev. Dr. Watson, Jesse Merrill, Esq., of Lock Haven, Pa., and Miss Julia J., daughter of Dr. Wm. McCleary, of Milton, Pa.

ROBINSON—MURPHY.—Nov. 13th, by the Rev. T. M. Crawford, Robert K. Robinson, M. D., of Fawn, Pa., and Miss Abbie M., second daughter of John A. Murphy, Esq., of Chanceford, York county, Pa.

ROOT—FENNO.—In Manchester, Mich., Nov. 1st, by Rev. J. Gordon Jones, B. F. Root, M. D., and Miss Emily R. Fenno.

DIED.

CROTZER.—In this city, November 29th, of pneumonia, Charles Somers, infant son of Dr. A. J. and Marie Antoinette S. Crotzer, aged 10 months and 7 days.

GREEN.—On Thursday, November 29th, 1866, at Sing Sing, N. Y., Dr. Horace Green, of New York city, aged 64 years.

HOSKINS.—In Newport, Vt., November 15th, Charles Henry, infant son of Dr. and Mrs. T. H. Hoskins, aged 2 months.

ILER.—November 11th, of consumption, in the 43d year of her age, Mrs. Margaret J. Iler, wife of Dr. Iler, of Blue Ball, Ohio.

LAMB.—In Lawrence, Mass., November 27, Caroline Augusta, wife of Dr. Wm. D. Lamb.

PARKERFORD.—In Honolulu, Sandwich Islands, Nov. 19th, Dr. Seth Parkerford, a native of Connecticut, and a distinguished citizen.

WHARTON.—Suddenly, in Nashville, Tenn., on the 1st inst., of paralysis of the heart, Dr. S. L. Wharton.

WHITMAN.—In North Chelsea, Mass., Nov. 22, Mrs. Martha Whitman, wife of Dr. E. F. Whitman, aged 39 years, 7 months, and 18 days.

METEOROLOGY.

November,	19,	20,	21,	22,	23,	24,	25,
Wind.....	W.	S. E.	W.	E.	W.	N. W.	N.
	Clear.	Cl'dy.	Clear.	Rain.	Cl'dy.	Clear.	Clear.
Weather.....							
Depth Rain.....							
Thermometer.....							
Minimum.....	36°	39°	35°	30°	27°	24°	25°
At 8 A. M.....	44	55	46	39	37	34	37
At 12 M.....	55	57	50	44	42	38	39
At 3 P. M.....	56	58	51	43	38	36	39
Mean.....	47.75	52.25	45.50	39.	36.	33.	35.
Barometer.....							
At 12 M.....	30.	29.7	30.	30.	30.	30.2	30.4
Germantown, Pa.				B. J. LEEDOM.			

THE MEDICAL AND SURGICAL REPORTER.

No. 511.]

PHILADELPHIA, DECEMBER 15, 1866. [VOL. XV.—No. 24.

ORIGINAL DEPARTMENT.

Communications.

A PLEA FOR THE LANCET.

By B. B. WILSON, M. D.

Read before the Northern Medical Association of Philadelphia.

Among the various means resorted to for the relief and cure of disease, blood-letting has at all periods in the history of the world occupied a conspicuous place. It has always been employed to a greater or less extent by educated and intelligent practitioners of medicine and surgery, and has formed also no inconsiderable part of the art as conducted by quacks and charlatans.

Freely, however, as it has at times been practised, and great as has been the good accomplished by its means, there have never been wanting those who have doubted its efficacy and opposed its use. From time to time in the history of medicine, particular sects have arisen, both in and outside of the school of regular practitioners, who have refused to employ it; some upon the ground of its being invariably injurious to the human system, others professing to obtain from the administration of medicines all the remedial effects that are supposed, under various circumstances, to follow the abstraction of blood. The tide of professional opinion upon this, as upon other points of theory and of practice, has had its ebbs and flows; at one time the phlebotomists appear to have entire control of the professional thought and will; at another, the practice is allowable only under rare and peculiar circumstances; and again, it falls into almost entire neglect and disuse, and is referred to (if at all) as an old and pernicious practice, long since consigned to merited oblivion. But, after a time, a new generation of bleeders arises, has its day, its triumphs, its opponents, its decline, and its fall. Thus, our views are always changing; constantly circling around the truth in science, and never perhaps exactly constant and faithful to it.

The present day seems to have found us at an epoch when the practice of bleeding has fallen into comparative disuse. The current of public

opinion sets strongly against it, and that of the profession following, where, by every consideration, it ought to lead, seems every day gradually but surely becoming more and more averse to it. Within my recollection it was habitually resorted to in various deranged and disordered states of the economy, and in this city the business of a bleeder was a very common and a very lucrative one; to-day he is a bold man, be he physician or layman, who ventures to propose it under almost any circumstances.

That this should be the case ought not perhaps to be a matter of surprise; various causes, easily traced and recognized, have contributed to bring about this result. First, and chief among these, is probably the abuse of the practice. A remedy so powerful, must, if improperly employed, be as potent for evil, as, under other circumstances, it might be for good; and, if we stop to consider the temptations to its ill-directed use, the dangers of excess, when its moderate use would be beneficial; we soon realize that very much of malpractice has been committed with the lancet; and that it is only when carefully and judiciously employed that good alone, and not evil, will result. Another cause is to be found in the success that has attended homœopathic treatment; which, prescribing and rigidly adhering to a carefully restricted diet, accomplishes by a slow process a result similar to that which is quickly obtained by the abstraction of blood. But, from whatever cause resulting, the fact of the unpopularity of the lancet remains; and our purpose to night is to ask whether we are not too entirely losing sight of its value as a therapeutic agent, and to inquire how far the indications for treatment which it fulfils can be supplied by other remedies and processes of treatment; and under what circumstances, and to what extent we ought, as intelligent and conscientious practitioners, to resort to its use.

And here, perhaps, it may help to divest us of our prejudices (if we have any) to say that the loss of blood is nature's remedy; that it is one of the processes by which she works out her cures, and brings the system, disordered by accident or disease, back to a state of health. A

great majority of the injuries produced by direct violence to the frame are accompanied by a solution of its continuity, and of necessity by a greater or less loss of the vital fluid; and that this is a beneficent provision of nature, and not an accidental circumstance, is abundantly evident from the results which follow. When moderate in quantity, and particularly when flowing from the capillary vessels, the effect is almost invariably beneficial.

From a very extended experience and observation of gunshot and other wounds, and their results during the late rebellion, I think I may lay down the principle that, other things being equal, wounds, whether they be slight or severe, accompanied by moderate hemorrhage, do better than those not so attended. And these observations were noted upon a class of patients, whose circumstances and habits of life were not such as to keep the vital forces up to the normal standard, or to fit them moderately well for antiphlogistic treatment. Further, it was continually a matter of remark in army hospitals to notice the rapidity with which patients, exhausted by arterial hemorrhage, recovered their flesh and strength, and how almost universal was their exemption from the various intercurrent diseases and complications. Our tabulated statements of secondary hemorrhage, with the operations by ligature or otherwise, and their results, show such a very large proportion of recoveries, as to prove that the loss of blood in itself, even in very great excess, does not materially diminish the prospect of recovery.

I recollect particularly the case of a soldier, who almost succumbed to a profuse hemorrhage from sloughing of the femoral artery, just at the point where it becomes popliteal. For twenty-four hours after I ligated the artery his life seemed barely sustained by warmth and stimulants; and yet, three weeks afterward he walked about the ward by the aid of crutches, and in five weeks was sufficiently well to accept a furlough, and travel to his home in a distant State. That soldier returned to the hospital, and was forwarded to his regiment, an able-bodied man, in a little more than three months from the time that he lay almost in articulo mortis from the loss of blood.

But it is not for injuries alone that nature provides this remedy. Epistaxis can scarcely be considered a disease. In the greater number of cases, it is but the evidence that the vital fluid is in excess, and this is but the opening of the safety-valve of the economy, and thus prevent the agent that gives vitality and action to the

mechanism, from destroying it. The same remarks are approximately true of hemorrhoids or bleeding piles. Few of us think it proper to interfere in either of these affections, until they become strictly morbid from their excess. I had some years ago a patient, a stout, robust and healthy man, weighing over two hundred pounds who stated that for more than twenty years, he had constantly recurring, and free hemorrhages from the rectum. When these discharges ceased for more than a month or six weeks at a time, which very seldom happened, he invariably suffered so much from headache, vertigo, dulness and hebetude of mind, as to induce him to seek relief by losing blood from the arm, and such cases are doubtless familiar to most practitioners. Even in the course of fevers and other debilitating disorders, we have the so-called critical hemorrhages, which physicians have generally been accustomed to regard as salutary, so long as they did not become profuse; and to think that the weakness resulting to the system as more than compensated by the general amelioration of the symptoms which followed the hemorrhage. And even the lung hemorrhage that precedes and accompanies so many cases of tubercular consumption, has not infrequently, and not without cause, been regarded as curative. Certain it is, that many persons suffering from consumption with hemoptysis, last a long time, and live to spit up a vast amount of blood. I saw a few years ago, a record of thirty cases of phthisis occurring in the practice of a medical friend, nine of which were accompanied to a greater or less degree by bleeding from the lungs. The average duration of the disease in the latter class was one year and seven months, of the remainder, eleven months and a half. This would be a not uninteresting subject for observation and study; and although upon theoretical grounds, we might decide that tubercular consumption was a disease of all others least liable to be benefitted by loss of blood, the decisive logic of facts if carefully observed, may yet require us to modify our views.

Why, then, should we hesitate upon occasion to abstract blood; we as physicians but assist nature, and follow the paths that she points out. Our physiological studies tell us that the blood is an ever varying fluid, undergoing *very* material changes within limits which may be considered normal. Its quantity and the relative proportion of its constituents, vary with the constantly changing circumstances of our lives. The time of day, the season of the year, the state of activity or repose, and most of all the partak-

ing of or abstinence from food, its quantity and its quality, all have their effect in increasing or diminishing the amount of blood or of some of its constituents. A single full meal when digested materially augments the amount of blood circulating in the vessels of a living animal. Starvation, even for a short period, as notably diminishes it. Its loss in a state of health is quickly made up by increased appetite and digestion; and when it is desirable, on account of the presence of disease, that its amount should be diminished, a loss of appetite and abhorrence of food slowly, but after a certain time surely accomplishes this result. To bleed, in the case of a pleurisy, or of an inflammation of the brain; is to accomplish directly in fifteen minutes, what nature will endeavor to do indirectly in three or four days; and the loss in either case will be made up in the same way when the diseased action has ceased.

The indications which call for blood-letting are the relief of general plethora, the relief of local plethora (whether it be a local inflammation or a passive congestion,) and in diseased states of the blood itself, to moderate the diseased action by diminishing the amount of the blood.

General plethora may be defined as a condition of system in which all the vital forces are preternaturally active, but more particularly those of digestion and assimilation; and as a consequence of this augmentation of the nutritive function there is not only too much blood in proportion to the other parts of the system, but its vital and life giving constituents are in marked excess. This state of things is one frequently presented to us, and though possibly not to be considered in itself a disease, is yet as a predisposing cause, the parent of a vast number of diseases known as local inflammations, few, if any, of which have any innate tendency toward health. These local inflammations constitute one form of local plethora—the active form—and may be defined as morbid accumulations of blood in a part, the result of some irritating or exciting cause, accompanied by more or less febrile action. It is here that bleeding is most necessary, and most signally of benefit. While in the case of general plethora we have as a rule no call for immediate action, and can accomplish by the slower processes of sedatives, purgatives, abstinence and exercise, effects in a great degree similar to those we should obtain from the use of the lancet; we have here to act promptly and obtain relief at once. And the effect is prompt and decisive.

Often the course of an inflammation can be cut short at once by a single bleeding, and never is

the remedy without its effects in producing an amelioration of the symptoms. These results are brought about, not only by a reduction in the amount of blood in the system, and in the affected part; but the presence of the abstracted fluid being supplied partially by the absorption of liquid from the alimentary canal, and from the system at large, the relative amount of its active constituents is reduced, and it becomes less plastic and less stimulating. This can be effected, so far as my judgment goes, in no other way. We have adjuncts and assistants to the lancet in abundance. We have sedatives; medicines that will reduce the force and frequency of the heart's pulsations; we have local applications to mitigate local inflammations; but nothing that can fairly be considered a substitute for the lancet under such circumstances. There is, it is true, an approximate alternate in the specific action of the mercurials. These medicines, we know, will lessen and finally destroy the creative power of the blood, and will even break up recently formed tissues, whether they be morbid or normal; but during the time we are administering them, the quantity of blood in circulation remains the same, and when in considerable excess, inflammatory action, fatal from the disorganization of tissue, may be going on while we are administering our remedy.

Blood-letting has been recommended and practised in the various fevers and the so-called blood diseases, on theoretical grounds, probably scarcely tenable, and with so variable success as still to permit the question of its propriety to be mooted. The advocates of phlebotomy, under these circumstances, say, that by lessening the amount of blood, the amount of blood-poison is diminished, and a better opportunity given the system of eliminating and throwing off what remains. Thus in malignant scarlatina and other pernicious fevers, the powers of life seem to be at once overwhelmed and prostrated by the force of the disease; and in these cases, a portion of blood being abstracted, the power of the depressing influence seems to be lessened, and a sufficient time gained for the vital forces to react, and gradually throw off and get rid of the poison that remains.

In this connection I may state, that I have, during the past months, attended five cases of scarlatina anginosa, among the children of one family, two of which may be fairly stated to have been malignant, and one of which died. In the case of the child which was attacked fourth in order, a very robust, fat, and healthy boy, the disease was ushered in with convulsions; at least,

they appeared within two hours of the very first evidence of febrile action, and continued without intermission until I saw the case, two hours and a half later. I bled, with much more care and circumspection, of course, than if the convulsions had been dependent upon almost any other cause; taking the blood rapidly from a large orifice, and closing it as soon as a decided impression was made. The convulsions ceased almost immediately, and consciousness returned in a little more than an hour. This child, although its attack was very severe indeed, and attended by a very great swelling of the throat, did not lose its consciousness again, or become delirious during the course of the disease. Although now suffering from an abscess in the cervical region, it is, of the four survivors, without doubt, making the best convalescence.

And it is not the least among the recommendations of blood-letting, that it can be said, that it can be resorted to when, from the condition of the patient, the internal administration of medicines is impossible. We can bleed our unconscious patient, whether he lie in convulsions, be stricken down by apoplexy, or from whatever morbid influence his brain is incapable of receiving external impressions; and when, through the powerful influence of the lancet, we have restored him to consciousness, we can employ other agents to complete the work it has so well begun. What proportion of apoplectic attacks would end in recovery, if we were confined simply to external applications until the patient could swallow medicine? Doubtless, very few. And if, in infantile and puerperal convulsions, we were debarred from bleeding, many, very many of our patients would get rid of their diseases only with their lives.

Bleeding has been practised extensively in cholera, in pernicious intermittents, and various affections accompanied by great engorgement of the venous system, and, as has been said before, with variable success. Though now little resorted to for these affections, good authority for the practice is not wanting, and further observation and experience is needed to show when and to what extent it should be resorted to in these affections.

Bleeding should be resorted to early, very early. The time for its employment is in the onset of disease, and it should be used with the utmost caution at any other time. As has been said before, after the lapse of a few days, abstinence from food has already accomplished the result that we propose; and if it has not been accomplished as perfectly as it would have been

by bleeding; if, in other words, the inflammatory action has gone so far, or been so severe, as to produce structural alteration, the lancet is powerless for its repair. The damage has been done, the injury has been made, and must be repaired, if repaired at all, by other means. Bleeding is now not only useless, it is of positive and direct injury. It weakens the system, and reduces the vitality to a point where the process of repair is slow, or incapable of acting at all. The point at which it ceases to be beneficial, and becomes injurious, is, of course, one varying with each case, and often requiring the nicest judgment for its determination; but a good and safe rule is to bleed early, or not at all.

The bad effects which have resulted from the exhibition of the lancet, are attributable, in a measure, to the facility of its employment, and to the want of the exercise of proper care and judgment on the part of the practitioner. In consequence, it has sometimes been resorted to needlessly, sometimes empirically, and sometimes, when necessary, it has been carried to an injurious extent. The temptations to have recourse to it in obscure cases of disease, when it seemed difficult to decide what to do, has sometimes been too great to be resisted. And when the experiment has proved not only useless, but positively injurious to the patient, the remedy has suffered in the estimation of the public, and perhaps also in that of the physician. And after witnessing repeatedly the good effects of free and freely repeated bleedings in inflammatory diseases, one forgets that there is a limit to its employment, and pushes a good remedy to an injurious extreme, and perhaps does as much injury as, if rightly applied, he would have done good. So, in this case, the reputation of the remedy suffers, *not* from its use, but from its abuse. Such has been the case with all the other prominent remedial agents with which we are familiar. What has caused the deep-seated and ineradicable prejudice against the use of mercury in the popular mind, but the flagrant manner in which it has been abused?

That this remedy may be less needed by the present generation than by those which have immediately preceded it, and by Americans than by most of the peoples of Europe, may *possibly* be true. Our habits of life in this country, especially among what are known as the middle classes, are unfortunately such, that weakened and debilitated constitutions are too frequently the rule, and strong and vigorous health the exception. The study of the various causes producing this result, would profitably employ the

best talent of the profession. In nothing, however, do we sin more, than in the neglect of proper care in maintaining a healthy state of the digestive organs. We are emphatically a dyspeptic people. Our teeth are decayed, our stomachs sour with fermented contents, our livers torpid, our bowels constipated. Physicians find a rich harvest in the ills directly traceable to improper food, bad cooking, and to inordinate and irregular eating. But their vocation lies in preserving the health of the community, as well as in curing the sick; and the profession has yet much to teach, and the people yet much to learn, of some of the simplest rules of hygiene.

From deranged digestive organs must come imperfectly elaborated blood; more slowly produced, and in diminished quantity, and wanting perhaps in those highly vitalized elements upon which full health depends. We see the victims of dyspepsia daily in the practice of our profession; persons with pale and anxious looking faces, and their spare frames; capable of little muscular effort, and of little nervous or mental vigor. Such persons are always to be found hungry, eat more frequently, and consume more at a meal than the average of healthy people; but their digestive organs are incapable of appropriating the food they partake of, and they remain thin, pale and bloodless, with little power of resisting either disease or treatment. With such patients the loss of a little blood is a loss that it takes a long time to repair, and their diseases, under all circumstances, are treated with difficulty. It is to be feared that this class, already numerous, increases rather in number; not only in our large cities, but in the rural districts; so that the country no longer sends a strong and healthy element to take the place of the worn out and enfeebled city population.

Thus it happens that we now see fewer persons in whom blood-letting is admissible; cases constantly occur in which, although the disease demands it, the physician is obliged to proceed with the utmost caution. It may be evident that bleeding will be decidedly beneficial, but he also knows that the blood-creating power is weakened, and that, although he may cure the disease, weeks, and perhaps months, may elapse before the loss of blood can be repaired. Hence, he is obliged to pursue a tentative course, to bleed sparingly, and to abstract no more than is absolutely necessary for the relief of the most urgent symptoms. Thus, while in a healthy person, he will cure a pleurisy in two bleedings, and see his patient out again in a few days; in a delicate

and frail constitution, he will prescribe for the same disease through three or four weeks, and leave his patient at last in a condition that it will take as many months from which to recover entirely.

These remarks have been hastily thrown together, not for the purpose of saying anything new upon the subject, or of advancing any views which are not familiar to all; but rather for the purpose of directing the attention of the profession, and more particularly of the younger members of it, to facts and views not disputed, but, in the constant changes which time ever brings, apparently partially lost sight of. Our older physicians act upon these views habitually; they know from experience their practical value, and their opinions and their practice alike bear evidence to their truth. But our teachers do not seem to inculcate them as they were accustomed to do even fifteen or twenty years ago; or to insist upon them with the emphasis that such important principles would seem to demand. Some of our doctors seem to be making the effort to offset homeopathy (which has effected its cures by dieting and starving) by stuffing the sick, and feeding them to repletion—a preferable process to the patient truly, if nothing very serious be the matter with him; but whether the practice will succeed in acute disease, admits of question. The supporting treatment is valuable, doubtless, in cases suited to it, and in all cases at the proper period; but nourishing food as well as bleeding may be run into the ground, and there I believe the tendency is to push it at the present time. Let it be remembered that our patients will not and cannot take food at certain stages of their diseases. Nature creates this loathing for a certain and specific purpose. Let us be taught by this fact, and when the desire for food returns, even in the slightest degree, we may safely begin to administer it. "There is a time for all things;" there is a time to prescribe food; there is a time to prescribe medicine; and there is a time to bleed.

"Post Mortem" Compliments.

A servant of an old maiden lady, a patient of Dr. POOLE's, of Edinburgh, was under orders to go to the Doctor every morning, to report the state of her health, how she slept, etc., with strict injunctions always to add, in conformity to etiquette, "with her compliments." At length, one morning, the girl brought the following startling message: "Miss S——'s compliments, and she de'ed last nicht at aicht o'clock."

OVARIOTOMY.

By JOSHUA B. GRAVES, M. D.

Of Corning, New York.

(Reported by C. M. Graves, M. D.)

November 12th, 1864, I was called in consultation with Dr. M. L. BACON, of Mansfield, Pennsylvania, to see Ellen Kernan, aged 23. She had been at the time I first saw her, six years married—had had two children, and three miscarriages—the first in December, 1862, the second in June, 1863, and the third in March, 1864, with entire suppression of menses since last miscarriage. Immediately after her last miscarriage she commenced bloating. Subsequently on careful examination a tumor was discovered occupying the left inguinal region. From that time the abdomen continued to enlarge up to November 12th, when I found her as follows.

Abdomen enormously distended, with pouting of the umbilicus, not unlike umbilical hernia; respiration hurried and labored; heart sounds normal, with action accelerated; skin normal; urine suppressed, with slight deposit of urates; bowels constipated, with alternate slight attacks of diarrhoea; pulse soft, accelerated, and contracted; pupils dilated, tardily responding to the action of light; fluctuation distinct over entire abdomen; protrusion of the posterior vaginal wall through the external genitalia to the extent of a large sized tea cup.

I immediately recommended and performed paracentesis abdominis. Made an incision and introduced a trocar and canula three inches below, and a little to the left of the median line. Twenty-five quarts—by actual measurement of turbid serum highly charged with albumen (as ascertained by heat, and the nitric acid test) were drawn off. The evacuation of this fluid disclosed the presence of a large tumor, irregular in its outlines, portions of it hard, other portions soft and fluctuating; occupying the entire left side of the abdomen, extending across and filling two-thirds of the right side as high up as the liver.

Within half an hour after the operation, reaction commenced; the pulse became soft full, and compressible; respiration relieved; heart's action tranquilized; retrocession of the prolapsed vagina. Three hours after a copious evacuation of urine took place. Administered morphia, gr. $\frac{1}{2}$ and quinia gr. ij. under which, patient rested well.

November 13th. Patient comfortable, with good appetite.

14th. No change.

15th. Patient comfortable—fluid increased in abdominal cavity since last visit; urine normal;

appetite good. The evening of the 14th administered f. $\frac{3}{4}$ j. ol. ricini, which produced a free, copious evacuation of the bowels. Removal of the tumor was decided upon, after consultation with Drs. A. T. MILLER, and C. M. GRAVES, of Corning. The patient was placed in a favorable position—the one used in the lateral operation of lithotomy. A combination of three parts of ether with one of chloroform was given as an anæsthetic. An incision five inches in length was made through the abdominal parietes from two inches below the umbilicus downward in the median line. Ten quarts of serum were evacuated disclosing the tumor. I then inserted my hand through the opening, discovering, with the exception of a slight adhesion of the omentum to the anterior aspect of the tumor, no adhesions. The tumor, a multilocular cystic one was connected to the left ovary by a membranous pedicle four inches broad. The walls of part of the cysts were degenerated. Punctured the cysts, the contents of which and their size varied. In some were found serum, in some albuminous, and in some gelatinous fluid, in others degenerated pus, and in others still, blood apparently unmixed with fibrin. Ten cysts were opened. As soon as the contents were discharged the walls collapsed. By careful manipulation the balance of the tumor, consisting of five undischarged cysts, was then drawn out through the opening. The portion of the omentum adherent was ligated and excised. The pedicle was then ligated, by passing a double armed needle through its centre, and knotting both ways, and the tumor weighing then eighteen pounds was removed. The wound was dressed, and the ligatures brought to the opening, and fastened by means of a block of wood, a bandage applied tightly around the entire abdomen, and the patient removed to her bed. Reaction came on slowly and imperfectly at first. Diffusible stimulants were given, the patient vomiting freely. In three hours reaction was well established. Patient rested well that night, morphia and quinia in the quantities mentioned above were given every four hours.

November 16th. Patient complained of acute burning sensation over the entire abdomen with occasional vomiting; pulse 100, full and strong; discontinued the quinia. No pain, discontinued the morphia; chicken broth given with a small quantity of pounded ice. Toward night, suspension of emesis. Urine freely evacuated.

November 17th. Rested well the night before. Dressed the wound; found it in good condition; no pain; abdomen slightly distended and tender; tongue slightly furred; pulse 120, full and

strong. Ordered warm fomentations to the abdomen and anodynes resumed. From November 18th to 24th, patient continued gradually to improve. Inflammation, tumidity and tenderness of the bowels subsided. Patient sat up a short time on the 24th. Bowels moved naturally the afternoon of the same day, for the first time since the operation. Pulse 80.

I saw the patient one year after the above operation, on her way to visit her friends near Buffalo, N. Y. She was in as good health as she ever had been previous to her marriage, able to perform all her household duties, etc. The operation I consider a successful one, in every respect but one—in healing the external incision in the abdomen; part of the pedicle, by which the tumor was connected to the ovary, became adherent to the abdomen. This adhesion produces a slight stoop as she walks, and prevents her from standing perfectly upright, a defect she is rapidly overcoming, however.

I have since the above operation, operated once for ovariectomy, but not on so large a tumor. Instead of an incision five inches in length, I now make it but two, and find equally as good results.

CASE OF CANCER OF THE STOMACH.

By JAMES B. BURNET, M. D.,

House Physician at Bellevue Hospital, New York.

James Nugent, 55 years of age, a native of Ireland, and a laborer by occupation, was admitted to Ward 14 of Bellevue Hospital, on Oct. 18th, 1866. Of himself and family, he gave the following history: Father was 63 years of age when he died, and for about one year before this event, was troubled with his stomach—pain, vomiting, etc., and became very much emaciated, but he does not know whether he died from his stomach difficulty or not. His mother died at the advanced age of 97. No other members of his family have ever been troubled with their stomachs, and all enjoy good health. He has been in the habit of drinking steadily several glasses of liquor a day, for a long time, but would get on no debauches. For the past year, his time has been employed in putting in wood and coal. Last August, he was attacked several times during the day with vomiting, which would generally take place in about an hour or two after he had taken any food or drink. Meat and soup seemed to be especially obnoxious to his stomach. Since he has commenced to vomit, he has been gradually losing flesh and strength, he having before been very stout. He also has noticed that

he was becoming of a yellowish unhealthy color. Several times he has vomited what he thought was blood, a darkish-looking material, like coffee-grounds. About two months ago, he would frequently be obliged to arise at night, for the purpose of passing his water, which was very free. About six weeks ago, his stomach-symptoms continuing all the while, his stomach became "quite sore," to use his own expression, and he was troubled with much pain in the back, at a point corresponding with a line drawn backward from the pit of the stomach. He also observed a tumor growing from under the ensiform cartilage, which has gradually continued to grow until the present time. He was then compelled to cease from his work. Three weeks ago, he passed very little urine, not over a pint in the course of the twenty-four hours. In a week from that time, his feet, legs, and thighs became swollen, and since then he has been afflicted with pain in the lumbar region at night, but not during the day. Two weeks ago, shortness of breath came on, and his eyes became slightly jaundiced. He never noticed any swelling under the eyelids. His bowels have been inclined to be costive since last August. When he entered the ward, he could hardly keep the slightest article of food upon his stomach. He described the pain in the tumor as dull, heavy, and gnawing. His lower extremities were considerably œdematous. Tongue was normal in appearance; eyesight and hearing were good. No albumen or casts were found in his urine. The tumor growing from under the border of the left ribs, presented dullness on percussion, and a nodulated feel.

The diagnosis of *cancer of the stomach* was made, and the man put upon a diet of milk and lime-water.

Oct. 29th. His vomiting has been much better, but to-day it appears to be worse again. During last night, his scrotum became quite œdematous. No decrease in the swelling of the legs.

Nov. 1st. No vomiting since the last report. Tumor is increasing.

4th. He complains a great deal of his difficulty of breathing. No disease of the heart or lungs is discovered. The hard nodulated tumor has reached over to under the free border the ribs on the right side. From the feel, the probability is that now the left lobe of the liver is also involved. There is considerable swelling under the eyelids.

8th. No more vomiting, but he is fast losing ground. He is rapidly emaciating. The tumor still continues to increase in size, and from the feel, there is but little doubt that the

liver is also involved. Bowels are very costive. His feet are immensely oedematous. His scrotum and penis are also more infiltrated than ever.

9th. The patient being firmly convinced, at last, that his end is near, insists upon going home. Notwithstanding our solicitations, he utterly refused to remain longer with us, and accordingly was discharged, much to our disappointment, as thus a most interesting post mortem has been necessarily lost to the profession.

Remarks. In this case, the symptoms of the disease were very well marked. The burning gnawing pain in the epigastrium, the coffee-grounds vomit, the characteristic cancerous cachexia, of which we omitted to speak before, the rapidly increasing emaciation, and the hard, nodulated, spreading mass, all plainly pointed out the nature of the affection with which we had to deal. But oftentimes the disease is veiled in the greatest obscurity. The symptoms may point to disease in an altogether different part.

WATSON relates the case of a clergyman, who complained of much pain in the region of his kidneys, the cause of which several eminent practitioners failed to discover, but which was relieved by cupping. The man finally died, with no other symptom save slight sickness just previous to death, when a cancer of the stomach was found.

The stomach is one of the most frequently attacked of the internal viscera, with this terrible complaint. In Paris, there were 9118 cases of death from cancer between the years 1830 and 1840, and of these the uterus was the organ attacked 2906 times, the stomach 2303, and the breast 1149. At or near the pyloric orifice is the portion most apt to be attacked. Cancer of the stomach is more often of the scirrhus than of any other variety. BRINTON, who has written such a fine article on this disease, describes the symptoms as follows:

Loss of appetite, he says, one of the first symptoms, is present in about 85 per cent. of the cases, and this is one of the points of differential diagnosis between cancer and ulcer of the stomach, for in the latter there is no true loss of appetite, but the patient is afraid to eat, on account of the suffering which he knows, from past experience, will be induced by the act. In cancer, however, it is quite the opposite, and there is true anorexia.

Pain, another symptom, is found in about 92 per cent. of the cases. *Vomiting* is present probably in 87-1.9 per cent. This symptom seems to

be somewhat more frequent in the female than in the male. *Hæmorrhage* is not so frequently found as the other symptoms, being present in about 42 per cent. of the cases. The hæmorrhage can sometimes be recognized as pure blood.

The *presence of a tumor* is found in about 80 per cent.

Slight tenderness of the tumor is generally marked in about one-half the cases.

The *cancerous cachexia*, in a greater or lesser degree, is probably present in from 90 to 98 per cent.

Jaundice is present in about $5\frac{1}{2}$ per cent. In about one-half of the cases, this is due to the disease having extended to the liver.

Febrile symptoms are often present, and sometimes amount to true hectic.

Constipation is generally present, but diarrhœa may take place, due to the irritation of the bowels by the contact of the cancerous effusion.

Anasarca is a quite common symptom, especially in the latter stages of the disease.

These are the principal symptoms, as given forth by the above-mentioned celebrated authority.

The *duration* of the disease may be estimated at $12\frac{1}{2}$ months.

The *treatment*, of course, in this fearful affection, is merely palliative. We must depend upon the proper regulation of the patient's diet. We must ascertain what the stomach will tolerate, and administer this in small and frequently repeated quantities. Our patient would bear nothing on his stomach, save milk and lime-water, and of this he was quite fond. He managed to consume an unusually large quantity in the course of the twenty-four hours. The books recommend raw eggs beaten up with the milk. We tried this with our patient, but it did not work at all. He was unable to retain it on his stomach.

Cod-liver oil is recommended by some. But in the several cases that we have had an opportunity of studying during our residence in this hospital, nothing has given so much satisfaction as the milk and lime-water.

If the vomiting is so severe that nothing can be retained on the stomach, the patient must be fed by the rectum. For the offensive eructations, with which our patient was also troubled, TANNER recommends a little wood-charcoal. If the pain is very severe, opiates, enemata, hypodermic injections of morphia, or anodyne poultices over the epigastrium, may be employed.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
October 31, 1866. }

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Result of Lithotomy Operation Performed
Oct. 10th.

John M., æt. 13. This boy was cut for stone three weeks ago to-day, (vide No. 19, page 397.) He is quite well, has a good appetite, and sleeps soundly. A little of the urine yet finds its way through the wound, but most of it comes by the natural passage. He passes water three or four times a day, and only has to get up once at night, sometimes not at all. He has got along without one untoward symptom.

Congenital Pileous Tumor over the Patella.

Edwin S., æt. 17. He has a painless tumor directly over the anterior portion of the patella, which has a crown of hair, a sort of whisker, about it. It is soft, and can be pushed up and removed some distance from the anterior portion of the joint. He was born with this tumor. It is growing now.

This is a very curious malformation, with which Prof. Gross has repeatedly met, situated about the neck. It is simply a congenital hypertrophy of the skin and subcutaneous cellular tissue, or a species of elephantiasis of the skin. Why the hair should grow around the tumor, it is impossible to say.

In consequence of a hurt received two months ago, the part became very much inflamed and painful. Under the use of acetate of lead and opium, there has been a marked decrease of morbid action.

The patient was placed under the influence of chloroform, and the redundant integument removed. The parts were brought together by the twisted and interrupted suture and adhesive strip.

Lymphatic Enlargement in front of Ear.

Mrs. D., æt. 32. She has had a swelling, for five years, in front of the left ear. It is untended with pain, and does not interfere with chewing. It extends down into the groove or gutter between the angle of the jaw and the sterno-cleido-mastoid muscle, and as far up as the zygoma. There is no discoloration of the integument. The tumor can be moved a little, but is pretty firmly held down by cellular or fibrous bands.

Sebaceous tumors are liable to occur in this situation. This is not a tumor of this kind, however, as it does not fluctuate, is not as soft as a sebaceous tumor usually is, and feels as if it were lobulated, composed of several bodies connected together. It is an enlargement of the lymphatic ganglions in this situation.

The patient was placed under the influence of chloroform, a curvilinear incision made, and the disorganized lymphatic ganglions removed. They were found to be in a state of tubercular

degeneration. The parts were brought together with several points of the interrupted suture and adhesive strips.

Whitlow.

Mrs. Catherine C., æt. 60. The thumb of the right hand of this patient presents a bulbous expanded appearance. The nail is diseased, and on the palmar surface of the thumb there are several openings surrounded by nipple-shaped granulations, denotive of diseased bone. The pain has prevented her from sleeping, and deprived her of appetite.

This is an illustration of the form of inflammation known as whitlow, or paronychia, in common language, a felon. It is one of the most atrociously painful affections which can be conceived of. The inflammation sometimes begins in the skin around the nail, from which it extends to the subcutaneous tissue, and thence to the deeper structures. At other times, it commences in the periosteum, and extends outward; or it may have its starting-point in the theca, or the substance of the tendon. The parts are naturally very firm and compact, and hence, not admitting readily of distension, when there is an effusion of serum or plastic matter, they are tightly compressed, and the pain is of a throbbing character, synchronous with the contraction of the left ventricle of the heart. If the case be not properly treated, the result is a destruction of a portion of the periosteum, and the corresponding part of the bone, and the matter has a tendency to travel up along the finger and hand, in some instances as far as the wrist and forearm. The proper treatment is a free incision down to the bone. Thus the bloodvessels are disgorged, vent given to effused fluids, structure saved, and the parts placed in a good condition for repair.

In this case the distal phalanx has been entirely destroyed, together with a portion of the other.

All the dead bone and the semi-organized granulations were removed.

Erythema.

A. H., æt. 48. Temperate habits. His left leg has been swollen and red for eight weeks. At first it was very painful, but it is not so now. There is some itching in the limb. The swelling is quite hard, especially over the anterior portion of the tibia, not quite so hard on the other portions of the limb, still it can be indented. There is preternatural heat in the part. His health is good; he sleeps well, and his bowels are regular. The eye is very slightly watered.

This affection, a species of erythema, an inflammation approaching and sometimes described as a variety of erysipelas, was caused probably by some disorder of the digestive apparatus. It is perfectly remedial.

Five grains of blue mass, with one of ipecacuanha, were ordered to be taken every other night, to act upon the secretions, and the tincture of the chloride of iron, twenty-five drops four times a day, to produce an alterant and tonic effect. As a local application, there is nothing better than wrapping up the limb in sugar of lead and opium, an ounce of the former, and a drachm of

the latter, to three quarts of boiling water. The limb should be kept elevated for some little time. The diet should be plain and simple, not too nutritious on the one hand, nor too restricted on the other.

Hare-Lip.

Samuel W., æt. 6 years. This child is suffering from hare-lip, affecting the left side, for which an operation has been performed, the defect in which was, that there was not a sufficient amount of lip removed, and in consequence, an unsightly notch left at the prolabium.

Hare-lip consists in a congenital cleft or fissure of the upper lip, the lower never being affected in this way. The latter is the frequent seat of cancer, while the upper lip rarely suffers from that disease.

Hare-lip may be simple, or complicated with fissure of the palate and bifid uvula; it may be single, or double, as when it occupies both sides of the middle line, leaving a projection between, standing out very much like the snout of one of the inferior animals. It is not only unseemly, but interferes with sucking in early infancy, with deglutition and articulation, for which reasons it becomes the subject of surgical operations. How hare-lip is produced, has not been determined. It has been supposed to be the result of arrest of development, but why it should take place here or at all, is not known. It is frequently associated with club-foot, sometimes with hydrorachitis, and occasionally with extrophy of the bladder.

The operation consists in paring the edges of the fissure freely with the knife, the lip having been, as a preliminary step, detached from the gums on each side. The parts are then brought in contact by means of the twisted suture, the first pin being placed in the prolabium, just at the upper margin, taking a firm hold, the second higher up; sometimes a third is used, but very seldom in a child. The pins should be an inch and one-third, or one-half, in length. The thread is twisted around each pin in the form of an ellipse, the extremities being crossed so as to make equable pressure on the intervening portion of the lip, thus obviating the necessity for the application of adhesive strips.

The child was wrapped up in a sheet, and the parts pared and brought together in the manner indicated.

Prize Essay on Physiology and Hygiene.

The Institute of Reward, desiring to extend the knowledge of physiological and hygienic laws, and increase the means of providing for the orphans of soldiers, has offered a reward of \$500 for the best essay on the above subject. The essays are to be forwarded to DAVID P. HOLTON, M. D., editor of the journal of the institute, 49 Bible House, New York. The award is to be made by a committee of three appointed by the President of the American Medical Association.*

* We are not informed as to what this "Institute of Reward" is.—EDITOR MED. & SURG. REPORTER.

Medical Societies.

PROCEEDINGS OF THE NEW YORK ACADEMY OF MEDICINE.

Nov. 21, 1866. Dr. James Anderson, Pres't.

Discussion on Chronic Metritis.

By PROFS. BUDD, BARKER, AND PEASLEE.

Reported by E. S. Belden, Student of Medicine.

Prof. BUDD remarked, that of all the diseases to which the reproductive apparatus of the human family is liable, there are none, with the single exception of the so-called malignant affections, which have so thoroughly baffled the skill of the practitioner as the one under consideration. This is in a great measure dependent upon, and attributable to the fact of the periodical physiological congestion to which the uterus is subject.

Chronic metritis, or chronic inflammatory action of the parenchyma of the womb, may be either general or partial; may affect a part, or the whole of the parenchymatous tissue. When the inflammatory action is partial, it is in the vast majority of cases confined to the posterior aspect of the womb; and this is attributable to the fact of the peculiar anatomical arrangement of the muscular fasciculi which form this organ. The anatomy of the cervix and the body, are almost as distinct as two different organs deriving all the vascular, as well as nervous supply separately, except certain peculiarities of structure, so far as muscular arrangement itself is concerned. The physiological functions of the cervix and body of the uterus are also different. The physiological function of the body or fundus of the uterus during parturition, is to contract upon and expel the product of conception. The physiological function of the neck is *not* to contract, but *dilate*. Chronic metritis is ordinarily found to be the result of an acute metritis, puerperal or non-puerperal, or of the propagation of inflammatory action which has originally existed in the cervix. The latter exists for years in the neck of the uterus, before it is propagated to the body, and extends along the longitudinal fibres, which are more abundant in the posterior surface of the uterus than in the anterior. This accounts for the interesting and familiar clinical fact of the greater frequency of partial chronic metritis on the posterior aspect of the uterus than on the anterior.

A point on which the opinions of gynecologists seem to be at variance is this: In the almost universal coexistence of endo-metritis with the parenchymatous metritis, and which stands to the other in the relation of cause and effect. Is endo-metritis, the result of the inflammation of the tissue of the womb itself? or, is the inflammation of the tissue of the womb the result of an original endo-metritis? ROKITSKY makes the assertion that chronic parenchymatous metritis is almost invariably the result of inflammatory action, originating in the mucous lining of the body of the uterus. If we look a moment at the peculiar anatomical arrangement, so far as the mucous lining of the uterus is concerned, we can readily comprehend how, if the lining of the uterus

should be the seat of inflammatory action, the tissue of that organ itself would in the course of time be brought to participate in that inflammation. It has been many times demonstrated, that so far as the cavity of the body of the womb is concerned, there is no sub-mucous areolar tissue between its lining mucous membrane and the tissue of the uterus proper. They are so closely connected anatomically, that their separation is a physical impossibility. We frequently see instances of endo-metritis, pure, simple, and uncomplicated, in an extreme form, where the tissue of the womb itself does not seem in the slightest degree to participate in the inflammatory action; but, on the contrary, it is extremely rare to find inflammation of the tissue of the womb existing without inflammation of its mucous lining; therefore, in all cases, or with but very few exceptions, inflammation of the tissue of the womb is complicated with an inflammation of its mucous structure.

Regarding the pathological anatomy of this affection, little can be said. It is essentially a disease of the sick room, not of the dead-house. A peculiarity of the disease is its tendency to exacerbations. Ordinarily, in a case of chronic metritis, during the interval between two menstrual epochs, the patient will enjoy endurable health, at least, and may attend to her ordinary functions; but the very moment the hemorrhage comes on, which precedes the menstrual flow two or three days, as the case may be, that moment all the various symptoms to which the patient has been subjected for a length of time, increase in gravity. This increase in the severity of the various symptoms which accompany the affection preceding menstruation, may be readily explained by the fact that the organ which is already in a state of inflammation, has superadded the physiological congestion prior to menstruation.

Another fact of interest is the ordinary relief which the menstrual period gives to the various local and general symptoms. The explanation here is also plausible. It is, that the organ is subjected to a physiological depletion at the time of menstruation; therefore, one of the most prominent symptoms, so far as the disease in question is concerned, is the exacerbation and the modifications of all the local and general symptoms preceding menstruation, and their partial relief during the menstrual flow.

As to diagnosis, it is ordinarily simple and satisfactory. The organ seems to be increased in size, and is excessively sensitive; the slightest pressure, either upon the neck, or in the anterior or posterior cul-de-sac, so as to subject the organ to digital pressure, causes intense pain. The general and local symptoms resembles those which accompany all of the various uterine affections with which we are familiar. More frequently, however, than in other uterine diseases, there are present deranged digestion.

The progress of the disease, as a rule, is slow and steady; and its termination, generally, is not by resolution. It terminates more frequently, after the menstrual periods have become permanently arrested, than in any other way.

The therapeutics of chronic metritis are exceedingly unsatisfactory. We can palliate; but

the cases in which we can effect a cure are exceedingly exceptional. The treatment resolves itself into what may be denominated local and general. The local treatment consists of depletion, and counter-irritation; the general treatment in the administration of alteratives and tonics. Depletion, usually, is followed by decided relief, so far as local, and sometimes general symptoms, are concerned. The relief, for obvious reasons, is much greater if depletion is practised between two menstrual periods. The application of leeches to the neck, scarification or puncture of the neck, is ordinarily followed by sufficient hemorrhage to relieve the disagreeable symptoms without affecting the general condition in any way. Patients who have long been subject to this disease, are invariably in a condition of anemia. Notwithstanding this, local depletion in these patients is followed by most beneficial results. It is also successfully practised in patients who are not so extremely anemic, by the application of cups over the sacral region.

Counter-irritation may be applied either to the cervix itself, or to the hypogastrium, or sacral region. So far as counter-irritation to the cervix is concerned, the application of vesicating colloidion, readily producing a blister, the speaker has found very effective in giving relief. If, as is usual, there is evidence of endo-metritis, the free application to the fundus uteri of the strong tincture of iron, applied by means of a whalebone, sufficiently long and flexible to adapt itself to any form of uterus which may exist, is preferable. Often, where no induration or hypertrophy of the neck exists, the establishment of an issue in the neck of the uterus by the actual cautery, is followed by the greatest relief. The application of a seton in the hypogastrium, or of a nitric acid issue over the sacrum, is often followed by the best results. The almost universal general treatment consists in the administration of mercurials in small doses; and the most popular, and, at the same time, the most satisfactory, is the combination of the bichloride with the compound tincture of bark.

A partial chronic metritis may exist as a separate, independent, and almost distinct affection, from the general chronic metritis. Under these circumstances, we have displacements of the uterus to complicate the original disease. Increased weight of the posterior surface of the uterus depending upon hyperæmia, results in retroversion; and with the single exception of traumatic retroversion of the uterus, that dependent upon some injury, violence or strain, the cases of retroversion which come under our observation, which are uncomplicated with partial chronic metritis, are *extremely rare*. A point of interest is in reference to the treatment of retroversion of the uterus dependent upon partial chronic metritis, of the posterior wall.

Is any permanent or beneficial effect to be expected from any mechanical support, which may be introduced into the vagina, with a view of retaining the uterus in its position, so long as the inflammatory affection exists? There is the greatest diversity of opinion on this question among gynecologists. Some are in favor of mechanically retaining the uterus in position,

entirely irrespective of the condition of its body, so far as inflammatory action is concerned; others with equal vehemence maintaining that under no circumstances ought mechanical support to be employed.

Dr. PEASLEE remarked, that almost all authors agreed that chronic metritis is a very common disease. This was said by ASHWELL, twenty-five years ago. It was repeated by BURNETT, of London, fifteen years ago, who states that of all the uterine affections we have to treat, about 80 per cent. are cases of uterine inflammation; and he, of course, does not mean acute inflammation, as he states that that is a very uncommon disease. He states, also, that about 70 per cent. are complicated by ulcerations. It was also reiterated by Dr. WEST, some five years after, that it is very common, but he does not believe as much in ulceration as in inflammation. SCANZONI also states that it is very common; but he says: "You will observe the phrase to signify the same—chronic parenchymatous metritis, or chronic engorgement." Then we have a work printed in our own country, very recently, entitled, "On Chronic Inflammation of the Uterus, and Displacements of that organ." Under this designation of chronic metritis, now suppose that an individual has had one or more attacks previously; otherwise the attack is not deserving of the name of chronic metritis. Or, suppose that we meet a case of a lady who has had on several occasions, typhoid fever. I find her in a high fever; has more or less nausea, and on standing and walking, has pain referred to the region of the uterus. We find more or less thirst, want of appetite, and that there has been more or less constipation for a day or two, and the pulse indicates febrile excitement. If there is any discharge from the vagina, it will very likely be free and watery. Under these circumstances we have a case of inflammation; but is it chronic inflammation? If she had had no other attack, we should not have called it chronic. If she had a dozen in succession, but, in the interval, had been very comfortable, we might say it is a case of chronic metritis. We examine the uterus, and find tenderness on pressure, and all the symptoms of inflammation. Suppose you visit that patient a fortnight afterward, and find her walking about, though with some pain, and some degree of tenderness on pressure of the uterus, but no febrile exacerbation at all. The affection is destroyed, to a great degree, and yet the patient is not well. Before the next period comes on, she will perhaps have an attack as before; and so it goes on, from month to month, and year to year. Is this a case of chronic metritis, or not? It is not, to me, at all. I say frankly, I do not know that I ever had a case which I should call chronic metritis. I have seen cases enough of *recurring metritis*, where it recurred until my patient was entirely exhausted. But, if we mean by chronic metritis the constant inflammation of the parenchyma of the uterus, continuing from one year to another, without any intermission, I have never seen a case. We should make the distinction between *recurring inflammation of the uterus* on the one hand, which simulates more or less an acute metritis, and *mere congestion* on the other hand.

I maintain that nine out of ten, or perhaps I might say, 49 out of 50, of all the cases of chronic metritis, so-called, are cases of chronic congestion of the uterus, and nothing more or less.

As SCANZONI has said, chronic parenchymatous metritis is nothing but chronic engorgement. This congestion, slightly increased, is but a step from inflammation, and this is increased, and passes into inflammation at or before each menstrual period. That inflammation has in its nature a tendency to last but a few days, if let alone. Under proper treatment, the inflammatory condition is easily recovered from in a week or less; but the congestion may remain, and usually does. Another writer makes this statement, "a tender uterus is a diseased uterus, and in almost every instance an inflamed uterus." If we consider a woman who has a tender uterus as having metritis, or inflammation of the lining membrane, then our definition of that affection or condition becomes exceedingly simple. But to my mind, this is incorrect. It was said, two thousand years ago, that inflammation is that state of the part in which it is red, hot, tender, and painful. That was the definition given by CELSUS, of inflammation. It was unfortunate, that when that was said, some other old father of medicine did not also say, "You have the same signs precisely in congestion;" for we have adopted that as the definition of inflammation at the present time. These signs may all occur in congestion, and generally do. Now, although I find uteri enough that are tender, I find very few that are inflamed; for to me a uterus is not inflamed, unless there are more positive signs than mere change of sensibility, or heat even. For me, there is no inflammation of the uterus, without febrile action; as there is never inflammation of any important organ of the body, without febrile excitement accompanying it.

Now, the question arises, may we not have parenchymatous inflammation so slight in extent as not to produce fever? That may be. All writers have made this statement—but I hesitate and question it. That you generally have chronic metritis affecting the posterior and lower portion of the body of the uterus, while acute inflammation of the uterus generally affects the whole organ, I do not myself believe. I believe the reason why we find tenderness and inflammation, when it exists, more *there* than anywhere else, is because this is the accessible point—we can reach there very easily. Another reason is, that, if there is no retroflexion in connection with the disease of the uterus, we then reach the posterior part higher up, and in this case we should notice more tenderness. If, on the other hand, the whole body of the uterus was inflamed, in a case of chronic metritis, and if there was retroversion, it is very easy to find that there is more tenderness on the anterior surface than you find anywhere else. Whether there is more than in the posterior part, we cannot tell, any more than we could in the other. Still, I make this statement, I know, in opposition to very excellent authority. The question whether it is inflammation or not, or whether it is congestion, is not to be settled in this way. We may have congestion, I suppose, confined to one particular part of the

uterus, if we may inflammation. I think one principle would apply to both. But congestion, so far as I know, is not located in any particular part of the body of the uterus. I know no reason why it should be. In practice, I have found very few, or no cases, where I could be sure that the inflammation was limited to one part. It is simply a chronic congestion which may be lighted up and become inflammation, or may not—depending on circumstances.

But, you may well ask, what is the use of making this distinction? I reply, if it is a distinction founded upon fact, it is very important. It will certainly be of advantage in this respect: we shall not assume that every case of mere chronic congestion, or *engorgement* of the uterus, is a case of inflammation. Or get the idea into our minds, that we are to treat it as an inflammation, by depletion, and carry the thing too far. I have seen women, who had no inflammation, but congestion, treated locally with leeches, who, after losing blood, were so completely reduced, that they never fairly recovered afterward, but immediately went into decline, which I attributed to the loss of blood. Under the circumstances, I do not think any blood would have been taken locally, or if any, not more than a drachm or two, if it was supposed that the case was simply one of congestion. It makes great difference whether we are treating one disease with high febrile action, or whether we are treating another, of an entirely different character, as the result of congestion.

Thus, again, it leads to another very great error in uterine pathology, an error which was perhaps committed by Dr. BENNETT himself two years ago. He says, "you must not mistake this inflammation for a displacement which was caused by it;" thus implying, that if you find a displacement, it is of course, caused by inflammation. In the first place it is not the fact that displacements are always produced by inflammation. It is not the fact, in my opinion, that displacements are produced, in the majority of cases, by inflammation. If you mean to say inflammation as distinguished from congestion, I believe there are ten cases produced by congestion simply, where there is one produced by inflammation. There then, was one error implied in making chronic metritis cover too much ground. Another is, that you are liable there to mistake the displacements for the inflammation. Do not assume, then, if you find a displacement, that it is inflammation which has produced it. Instead of treating the displacement as a thing in which you cannot effect a cure until you have removed the inflammation, remember that in many cases you cannot remove the inflammation so-called, until you remove the displacement; and if you expect the displacement to right itself after you overcome the congestion, you are disappointed in both results. You cannot remove the congestion, and the displacement is not removed. So much, then, for my ideas in regard to what metritis is.

In regard to the therapeutics, of course, I should make the distinction, whether we had inflammation of the uterus or not. If we have a pretty severe case to treat, we shall have very

much less difficulty in removing the inflammation than in curing the engorgement. In regard to treating the uterus after the inflammation is reduced, I will say my experience is not very satisfactory. I do not look with especial favor upon local treatment, under most circumstances. In the first place, I deem it necessary even in a mild case, and I insist on it, that the patient shall not walk or stand much. She may ride about in the air a little. In the second place, I deem it of importance, that the skin be kept in a perfectly healthy condition, by the use of friction, etc. If the patient is somewhat plethoric, of course, saline laxatives are at once suggested. After attending to this, always inquire whether the liver is active enough, and in most cases of long standing, we shall find the function of this organ defective. But above all, insist upon it, that the patient should be relieved from anxiety, if possible, and from all sexual intercourse. It is therefore well to send the patient abroad for a year or two, when she can bear the expense. Such patients usually return, after a year or two, perfectly well. It is precisely this class which are so much benefited by being sent to water-cures. The water acts favorably upon the skin, their digestion becomes restored, they gain strength, and they are separated from all kinds of excitement, domestic and sexual. Under these circumstances, they recover; but when they return, and are subjected to the same influences as before, it again becomes necessary to repeat this treatment. As to sending these patients abroad, it is well known that the most important feature of the treatment is to give them rest and freedom from excitement. If this cannot be done, use local treatment. I take blood from the uterus directly; but never take more than a small amount at a time. I never apply over a single leech. By scarifying, this may be done effectually. In regard to medication, I have very little to say. I believe that, if there is any one remedy that is worth more than another, it is the bichloride of mercury. Another one is the bromide of potassium.

[To be continued.]

PATHOLOGICAL SOCIETY of NEW YORK.

November 14th, 1866.

Among the cases and specimens brought before the Society were the following:

Extensive Tuberculosis in a Child.

In a child, three years of age, who died in one of the public institutions, on examination of the thoracic cavity the lungs were found filled with tubercles; there was, however, no softening. The air passages were the seat of general inflammation, which involved not only the bronchial tubes but also the trachea, one of the rings of which was ulcerated through. The mesenteric glands were infiltrated with tubercular matter, and there was similar deposit upon the peritoneal covering of the intestines. Throughout the mucous intestinal surface there was considerable inflammation, although none on the peritoneal, which was the seat of tubercular matter,—a somewhat curious circumstance.

Morbus Coxarius—Successful Exsection of the Head and Neck of the Femur.

A boy now nearly ten years of age, three years ago commenced to suffer from the ordinary symptoms of morbus coxarius of the left side. He was treated in the usual mode by extension and counter extension, without much benefit. A year ago the patient was brought to the Demilt Dispensary, and came under charge of Dr. ROGERS, who reports the case. There was continuous oozing of sanio-purulent matter from several sinuses, one as low down as the middle of the thigh, and the patient was much reduced by loss of appetite, hectic fever, etc. On consultation it was concluded to operate, and what was left of the head of the femur, together with the neck, was removed, as far as the bone was denuded of the periosteum.

The operation was successful. The boy now walks tolerably well with a cane. There is still some tenderness about the thigh and leg, the limb not yet having fully recovered its strength, which is not remarkable when we consider that for two years it had been subject to entire inaction, and that he was not allowed to walk until six months after the operation. By accurate measurement there is now a shortening of about one inch. Rotatory motion of the thigh has been preserved, and he is able to flex the thigh upon the pelvis up to a certain point, when the pelvis is carried along with the effort. The trochanter can be felt moving in all these movements. For a boy of his age, the case presents a good and substantial false joint; and as the limb continues to recover its full strength, there is hope for still further improvement. There was a good deal of stiffness of the knee from his confined position previous to the operation, and it took from one and a half to two pounds weight to extend the leg.

Regarding the treatment after the operation, it was, of course, supporting and tonic,—mechanically, extension. Regarding the shortening there was none, when he first got upon his foot; it commenced about two and a half months after. The extension was continuous, until the knee became straightened,—then partial, sometimes applied to both leg and thigh, at other times to each separately. Passive motion was practised early. The abscesses (sinuses) lasted for six months after the operation.

Prof. POST remarked that there was remarkable porosity about the medullary portion of the specimen presented. The result of the case, (as shown to the Society by the presence of the boy,) he considered uncommonly satisfactory.

A Tumor of Labium Magus

was presented, which gave rise to some discussion, as to its pathological nature. It was removed two months ago from the labium magus of a large fully developed German woman, still menstruating. Two years ago she had been operated on for the same disease. The tumor looked cancerous; there were enlarged inguinal glands on both sides, which had suppurated. The tumor, microscopically, consists of medullary cancer, undergoing melanotic infiltration; its anatomical elements are elongated, fibroid cells, ovoid cells, with three-fourth nuclei.

Dr. ROGERS in his remarks controverted the idea that the tumor was cancer, simply on account of its melanotic appearance. It did not present the history of cancer. There was no general cachexia; he looked upon it as a fibro-recurrent tumor.

Prof. HAMILTON stated that the occurrence of suppuration in this case was very remarkable for cancer.

Gun-Shot Wound of Heart.

Prof. HAMILTON presented the specimen of a case, which had already been described several years ago, in the *American Journal of Medical Science*, but the specimen had never been presented before to this Society.

It was a heart containing a bullet of a boy, who, when 14 years of age, received a musket ball into the right side and shoulder, at Chatham Four Corners, N. Y. This was in 1840. The ball could not be discovered at the time. Six weeks after the injury he returned to work, and lived until 1860—twenty years,—having been married in 1845.

Five years after the receipt of the injury he was attacked with violent palpitation of the heart, the result, as far as could be ascertained, of violent exertion, from which he never entirely recovered.

When he died in 1860, the autopsy revealed the presence of a ball in the right ventricle, near its apex, surrounded by atheromatous deposit. The heart was somewhat dilated, but not hypertrophied. His last illness was ascribed to cold, the result of exposure from washing sheep in a brook.

Necrosis of Skull.

Prof. HAMILTON presented portions of the skull of a patient, who was suffering from syphilitic necrosis. A few days ago the integument was laid open, and large portions of dead bone removed. He called attention to the fact, that although the bone appeared to be dead, yet it adhered strongly to the subjacent parts, and was dotted over by a large number of granulations shooting through its minute perforations.

Prof. POST suggested that the apparent vitality of the necrosed bone was not due to real vital action, but simply due to the shooting in of granulations from below into a porous substance. The same phenomenon may be observed with foreign porous substances, such as sponge.

EDITORIAL DEPARTMENT.

Periscope.

Punctured Wound of Fœtus in Utero.

At a late meeting of the Chicago Medical Society, as per report in the *Chicago Medical Journal*, Dr. BOGUE exhibited a fœtus, apparently of the third month, which had been expelled from a young married woman, after the introduction of a "probe" into the uterus, by a practitioner of that city. Behind and above the right clavicle was a minute punctured wound, as if produced by the probe. Examination showed that this opening extended into the cavity of the chest.

DIFFERENTIAL DIAGNOSIS OF TYPHUS FEVER AND CEREBRO-SPINAL MENINGITIS.

In Dr. WEBER's Essay on Cerebro-Spinal Meningitis, published in the *Boston Medical and Surgical Journal*, the following practical table is given:

<i>Symptoms of Typhus resembling Cerebro-Spinal Meningitis.</i>	<i>Symptoms of Typhus not resembling Cerebro-Spinal Meningitis.</i>	<i>Symptoms of Cerebro-Spinal Meningitis.</i>
Sometimes prodromes; often commences suddenly.	Eruption rarely absent. Eruption appears on the fourth to seventh day.	Occasionally prodromes; usually commences suddenly. Eruption often absent. Eruption appears on the first or second day.
Purpura and vibices. Herpes on lips and elsewhere. Tongue generally black or brown.	Occasionally nausea, rarely vomiting. Delirium seldom before end of first week. Delirium often furious.	Purpura and vibices. Herpes especially on lips. Tongue occasionally dark colored. Nausea and vomiting not uncommon.
Pupils sometimes dilated.	Delirium becoming coma on ninth or tenth day. When delirium sets in, pupils contracted. Headache ceases when delirium commences.	Delirium early, often on first day. Delirium usually talkative, and quiet. Delirium becoming coma much earlier. Pupils usually dilated.
Tenderness of surface. Subsultus tendinum.	Convulsions not earlier than 7th day.	Headache continues after delirium begins. Tenderness of surface. Subsultus tendinum, though not so common. Convulsions earlier.
Rigidity, especially of the flexors.	Opisthotonos very rare. Rarely inflammation of the brain. Skin usually dry.	Rigidity of muscles. Opisthotonos common. Inflammation of the brain common. Skin not often very dry.
Pulse 80 to 140.	Pulse generally regular.	Pulse 80 to 140. Pulse generally irregular.
Great prostration. Usually constipation; occasionally diarrhoea; stools often dark. Urine often diminished. Sometimes albuminuria. Sometimes complicated with pneumonia. Accompanied by sore throat. Inflammatory swellings and buboes, especially of the parotid and submaxillary.	Amendment on 10th to 16th day. About one in five dies. Fatal between twelfth and twentieth day, sometimes on first day.	Great prostration. Usually constipation; occasionally diarrhoea; stools often dark. Urine sometimes diminished. Sometimes albuminuria. Sometimes complicated with pneumonia. Complicated with sore throat. Inflammatory swelling of the parotid lymphatics about the neck and in other places.
Moderately contagious. Blood fluid and dark. Lungs rarely healthy; usually hypostatic congestion, sometimes amounting to consolidation; both equally affected; œdema at times.	Pneumonia not common, 43 in 238 cases. Occasionally recent pleurisy. Not mentioned.	No stated period of amendment. About one in three dies. Fatal earlier, between second and sixth day, not unfrequently on the first day.
Spleen enlarged and softened. Liver softened.	Rarely signs of inflammation in heart. Liver not enlarged. PEYER's glands healthy; no signs of inflammation in the intestines.	Moderately contagious. Blood fluid and dark. Lungs, when affected, showing hypostatic congestion; sometimes exudation of blood into their parenchyma. Pneumonia not so common, except when that form is epidemic. Pleurisy not observed. Effusion of lymph into the pericardium.
	<i>Post mortems</i> show that inflammation of the brain or its membranes rarely if ever occur, even as complication in typhus.	Marks of inflammation in heart. Spleen enlarged and softened. Liver softened. Liver enlarged. Inflammatory spots on the intestinal mucous membrane; PEYER's patches enlarged, and sometimes ulcerated, though not as in typhoid fever. Principal and most frequent lesions show inflammatory action within the cranium and spinal canal.

Intestinal Dejection of Starch.

Under this title, Dr. FAIRFAX republishes in the *Richmond Med. Journal* the case of a middle aged gentleman, who after having suffered for about a week from pain in the epigastrium, irritable stomach and constipation of the bowels, and having been subjected to varied treatment of cupping, hypodermic injections of morphia, inhalations of chloroform, warm fomentations and the hot bath, was finally relieved by copious enemata, repeated for several days, which resulted in the passage of large quantities of a white inodorous substance, which in the moist state resembled chalk or magnesia; chemical examination, however showed the substance to consist almost entirely of starch. The discharges were entirely separate from ordinary fecal matter, untinged in color and devoid of odor.

This accumulation of starch in the bowels, Dr. F. ascribes to the imperfect digestion of the starch contained in the ordinary farinaceous food of the patient. An analysis of the matter discharged, made by Prof. DALTON, of N. Y., shows it to consist of raw corn-starch. As the patient not unfrequently used corn bread, as a portion of his diet, it is fair to assume, that such bread was at times insufficiently cooked, and thus resisting the action of the intestinal juices, caused the accumulation.

Reviews and Book Notices.

Inhalations in the Treatment of Diseases of the Respiratory Passages, Particularly as Effected by the Use of Atomized Fluids. By J. M. DA COSTA, M. D., Physician to the Pennsylvania Hospital, etc. New York: JOHN MEDOLE, Printer, 193 Pearl street. 1866. Pp. 41. Price, 75 cents.

We hope that the issue in New York of a paper by a prominent physician of Philadelphia, is not significant of a tendency toward the absorption by that city of all claims here maintained to the name of "medical metropolis." The book is, however, worth issuing anywhere; as it gives, briefly and clearly, and with illustrations, just the practical information which every one wants, in regard to a mode of medication now attracting much attention.

In his sketch of the *history* of inhalation, Dr. DA COSTA might have been more full. No mention is made of SCUDAMORE, whose treatise (London, 1830) had a wide circulation. BOERHAAVE and VON SWIETEN used inhalations systematically early in the 18th century.

The first proper instrumental inhaler was devised and employed by Dr. JOHN MUDGE, in England, in 1799.

Dr. DA COSTA pronounces the most perfect and efficient apparatus for atomization of liquids, to be that in which steam is the motive power, on

the principle of SIEGLE. A modification of this has been, under the author's direction, constructed by GEMRIE, which is very simple and convenient. Under many circumstances, however, it is evident that CLARK's hand-ball atomizer, or RICHARDSON's spray-producer, or some other instrument for manipulation, will be more available.

Treatment by inhalation must, as a rule, Dr. DA COSTA tells us, be carried on by the patient himself, at his own house; and, therefore, he must have an inhaler in his possession, and be taught how to use it. This necessarily limits the employment of this means of medication very much; so that we are not surprised to find that many physicians never resort to it at all.

A very useful table is given in this book, of the doses for inhalation of different substances. No mention, however, is made of creosote and carbolic acid, in this connection. Creosote was used in this way in phthisis and bronchorrhœa by ELIOTSON, many years ago; and carbolic acid has recently been employed, with asserted advantage, in the same way. Chloride of zinc, from its known antiseptic properties, we should suppose, would be worth experimenting with, at least in diphtheria, fetid bronchitis, and pulmonary gangrene.

Dr. DA COSTA's trials of lime-water nebulization in diphtheria, do not confirm KUCHENMEISTER's assertion of the solubility of pseudo-membrane in that liquid. He found the application, however, "very grateful and cleansing." (P. 33.) In phthisis, no inhalations seemed to produce important effects after softening occurred, beyond palliation of cough and other symptoms.

Local Anæsthesia.

Dr. HENRY T. GODFREY, of Benton, Wisconsin, in the *Chicago Medical Journal*, gives the results of RICHARDSON's mode of producing local anæsthesia by ether spray, in seven cases, as follows: 1. Extraction of molar tooth, application of spray 30 seconds, no pain, no ill effects. 2. Deep incised wound in back caused by point of plough; application of spray 40 seconds; three sutures introduced without pain; wound healed well. 3. Incised scalp wound,--30 seconds; two fine sutures introduced, slight pain. 4. Onychia of three months' standing,—pain on slightest touch; application of spray 60 seconds; excision of one-fourth of nail without pain. 5. Molar tooth extracted without pain;—application of spray, 30 seconds. 6. Pott's fracture, followed by abscess of ankle-joint, patient extremely irritable; application of spray 60 seconds;—painless enlargement of the wound and extraction of a piece of carious bone. 7. Encysted tumor, size of a walnut in the left superciliary region. Application of spray 70 seconds. Excision of tumor, without pain or ill effect.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, DECEMBER 15, 1866.

THE SANITARY DEPARTMENT OF THE UNIVERSAL EXPOSITION AT PARIS.

Our readers have been fully informed of the very laudable and eminently patriotic undertaking inaugurated by our countryman, Dr. THOMAS W. EVANS, the distinguished dental surgeon, long resident in Paris, in which he proposed to establish a Sanitary Department in connection with the Universal Exposition in Paris in 1867, for the purpose of exhibiting all the various appliances for the relief, comfort and care of sick and wounded soldiers while in active service. The original plan of Dr. EVANS seemed to have special reference to the means employed by the Sanitary and Christian Commissions during our late civil war, but we believe contributions from other sources were not refused, though very few, so far, seem to have been offered.

We are glad to be able to announce that Dr. EVANS' enterprise has proved an *eminent success*. One large instalment has already been forwarded, and another is expected to leave this week. The contributions to this department constitute a very large proportion of the material that has thus far been forwarded to the Universal Exposition.

A special section of the Exposition has been devoted to this department, outside of the space that is allotted to the United States, and Dr. EVANS and his special agent in this country have devoted themselves with untiring energy and zeal to making a collection that will be at once creditable to our country and beneficial to mankind. The cost to Dr. EVANS will be from \$25,000 to \$30,000.

A great many appliances that were in use in our armies by the Sanitary and Christian Commissions, will be on exhibition, giving an exact idea of the completeness of the provision made through these organizations, for the comfort of the sick and wounded that might temporarily come into their hands. Among these we may mention the following: A model, about fifteen feet long, of Dr. ELISHA HARRIS' Hospital Car, with all the conveniences complete, in miniature, even to the apothecary shop, with its tiny bottles filled with medicines and labelled, and the panels between the windows, painted with appropriate representations and devices.

This model was built, at a cost of about \$2000, by Mr. CUMMINGS, of Jersey City, and is in all respects a creditable piece of workmanship. There is, also, a PEROT's medicine wagon, exquisitely finished in black-walnut. This was built in this city. There is also one of AUTENREITH's medicine wagons, built in New York. There are four ambulances; one a fireman's ambulance, belonging to the Philadelphia Fire Company, which was used in this city to transport the sick and wounded from the depots to the hospitals; a PEROT's ambulance made in this city; Dr. B. HOWARD's ambulance, and the "RUCKER ambulance" made in Boston. There is also a Christian Commission Coffee wagon; one that was in actual use in the field at the time of Gen. LEE's surrender; and a PINXER's ambulance kitchen.

All kinds of surgical apparatus and mechanical appliances are also to be found in the collection, among which may be named BUCK's and other forms of fracture apparatus; LATTA's & CROSBY's fracture beds, etc., etc. There is also a Hospital Tent, completely furnished with Sanitary Commission stores, food, clothing, etc., etc.

These contributions will give Europeans a favorable opinion of our ingenuity, and the humanity of our people, who in addition to the heavy burdens necessarily imposed on them by the Government, voluntarily assumed this additional and very expensive burden, in order to add to the comfort of those who were devoting their lives to their country in her hour of peril.

We trust, however, that the impression will not be given to our European friends, that no adequate provision was made by our Government for her sick and wounded soldiers. Her hospital supplies were ample, but there were times, when for a short period the united exertions of the medical department of the army, and of the agents of the Sanitary and Christian Commissions, did not suffice to prevent much suffering. While we are disposed to accord the fullest measure of credit to the voluntary organizations which did so much to ameliorate the condition of the sick and wounded soldiers, we are bound to say that our Government, through its medical department, provided most liberally all the necessities, comforts and delicacies that were required for the use of the army. We shall look with pride on Dr. EVANS' Sanitary Department of the Paris Exposition, not only as an exhibition of the liberality and Christian feeling of our people as shown through the Sanitary and Christian Commissions, but as an evidence of the maternal care of Government over her soldiers, inasmuch as she bountifully provided for them in the same manner.

Notes and Comments.

Pocket Record and Visiting List.

The announcement of our Physicians' Pocket Record has met with a remarkably favorable reception from the profession. Orders are coming in for it with great rapidity, and the prospect is that the edition will soon be exhausted.

We feel assured that the profession will be satisfied with it, and whatever may be lacking to perfect the work, will be made up in subsequent editions, as we are determined that it shall be the most complete physician's visiting list and pocket record published.

Tobacco in our Public Institutions.

We see it stated that of the 1052 male and female convicts in the Penitentiary of Illinois, nearly every one of both sexes chews tobacco, which is distributed to them every Sabbath morning at an annual expense of \$6000.

A connection of seven years with a public institution has convinced us that this custom of furnishing tobacco to the inmates, or allowing them to procure it in any way, is a great evil. It perpetuates a depraved taste, which has been formed in connection with other wicked, depraved and unnatural habits, and will inevitably prove a connecting link with those habits when the subject leaves the institution. Persons too, who are accidentally thrown into our public institutions not having formed these depraved habits, soon acquire them, and are led into other excesses thereby as soon as opportunity offers. In our hospitals the use of tobacco, and the surreptitious use of alcoholic stimulants, opium, etc., are often the cause of great embarrassment to the medical attendants.

Inmates of our penitentiaries, almshouses, jails, and other public and charitable institutions should be strictly denied the use of these articles. Sevenths of these persons are brought to this condition directly or indirectly, through the instrumentality of stimulants and narcotics.

The Long Island College Hospital.

This institution has been remarkably successful. There are two or three reasons for it. The first is, the Regents and Council have shown a liberal spirit in establishing the college, and have provided it with an excellent, *live* faculty. Their course of instruction is thorough, Clinical instruction occupying, as it should, a very prominent position in their plan. Another cause of the success of this institution lies in the fact that the Council is not backward about letting stu-

dents know of the existence of their institution. If some others that we wot of would follow their example, and advertise a little more, it would be better for them.

During the session of 1866 the Long Island College Hospital had 109 matriculants and 49 graduates.

The Medical and Surgical Pioneer.

We have received the initial number of this monthly journal, edited by Dr. J. KELLER, and published at Kansas City, Mo. It contains forty pages of well-written, original, and judiciously-selected matter. We wish our confrère success in his arduous undertaking.

Correspondence.

DOMESTIC.

A Singular Case of Malformation of the Mouth, Nose, and Palate of an Infant at Birth.

EDITOR MEDICAL AND SURGICAL REPORTER:

I was not the accoucher in the case of the above infant, but was called in to see it, and to give an opinion, shortly after its birth. I have since stated the case to our county medical society, and was requested to write it out, which is as follows:

The superior maxillary and lip is all wanting between the nares, (a space of one inch.) On the verge of the right maxillary there was a tooth sufficiently developed for a child of three years of age; it was loose, and a source of annoyance, so I removed it with the fingers. The nose is flat; it lacks the vomer and septum nasium. The palate is very small and imperfect; it is detached from the maxillary bone entire; it is in the centre of the posterior roof of the mouth, but does not extend more than half-way forward, so that the anterior part under the nose is all wanting. On the verge of the nose there is a tumor, (not a polypus,) consisting of two parts, attached together at the upper end. They are of a flattened shell-bark shape. They are attached to the margin of the nose by a narrow pedicle. One is about an inch in diameter; the other about half an inch. They are vascular, red, and I think, of a fibroid tissue. They feel rather solid, are movable. They possess no distinct pulsation. The smaller part lies in the cavity of the mouth. The other protrudes out of the mouth. This tumor does not seem to grow in proportion with the child. Deglutition is difficult; it cannot suck the breast. To the inner or posterior part of this tumor, there was a small bone attached, extending

back to the front part of the palate, where it adhered. It was the thickness of a common quill, and lacked periosteum. I removed it without any difficulty. I have proposed tying the tumor with a waxed-silk ligature, to avoid hæmorrhage, and then cut it off. But the parents object as yet, on account of its youth. If this obstruction was removed, in the course of time the palate and maxillary might be supplied; the lip also, by a plastic operation. The child is aged three months, and is healthy. Its parents are moral, religious, and well developed.

The above is as good a description of the case as I can give, without a microscopical examination. Cause of deformity is imputed to the mother looking too frequently at a large show-picture that was pasted up in front of her house, on which was exhibited the hippopotamus, with its mouth wide open, showing its tusks. It has long since been conceded by ancient, as well as modern observers, that impressions can be made on the fetus during gestation. This should serve as a caution to mothers. The infant has since died with dysentery.

JACOB RITTER, M. D.

Liverpool, Perry co., Pa., Nov. 17, 1866.

Supernumerary Fingers.

EDITOR MEDICAL AND SURGICAL REPORTER:

An interesting case has lately occurred in my practice, which may be worth relating.

The patient, a colored child, was born on the 1st of November, 1866, with an extra finger on each hand. The additional one was in connection with the little finger.

The supernumerary member was smaller than the normal one, but well shaped, and furnished with an excellent nail. The attachments were purely cutaneous. These I removed close to their attachment, leaving a sufficiency of integument to cover the wound; very little bleeding occurred, and no deformity of the hand remains.

CHARLES NEWTON, M. D.

Sharpsstown, N. J., November 28th, 1866.

Omaha (Nebraska) Medical Society.

EDITOR MEDICAL AND SURGICAL REPORTER:

We have at last moved in the right direction, a step has been taken, at which we are all rejoiced. For months the profession felt the pressing need of organization; and in June last, a preliminary meeting was held, a temporary organization formed, and a committee appointed to draft a constitution and by-laws. A called meeting was held on the second Monday of this month, at which the final organization took place, by the acceptance of the constitution and by-laws, and the election of officers.

The following named gentlemen are the officers and members of the new formed society.

J. P. Peck, President; A. Røder, Vice-President; J. H. Peabody Treasurer; J. N. Rippey, Secretary; R. C. Moon, C. H. Pinney, L. Babcock, Wm. McClelland, J. C. Conkling, J. G. Hunt, M. Den.

A few who were absent, will undoubtedly connect themselves with the association.

Committees are to be appointed on meteorology, etiology, and general medical intelligence, to report at the regular meetings on the second Monday of each month.

Yours, etc.,

J. N. RIPPEY.

Omaha City, Nebraska, Nov. 27, 1866.

News and Miscellany.

— PARAFFINE FOR PRESERVING MEAT.—

During the late meeting of the British Association at Nottingham, at one of the *soirées*, specimens of meat preserved in paraffine, were exhibited. The process consists in the immersion of fresh meat in paraffine at a temperature of 240° Fahr., long enough to effect a concentration of the juices of the meat, and to expel the air. Afterward a coating of paraffine is applied, to exclude the air, and prevent decomposition.

—M. QUATREFAGES, the well-known defender of the unity of the human species, has just published a book on "The Polynesians and their Migrations." His conclusions are these:

"The Polynesians were not created on the spot. Nor are they the last remains of preëxisting populations. Voluntary migrations have brought them into the archipelago of Oceania. From their type, we may gather their origin; it is to be found in the Asiatic archipelago. In some of these migrations, they would fall in with some families of the black race, who might have been cast away on the same islands by the chances of the sea. He considers that none of these migrations are of a date anterior to the first Olympiad; and that the great majority occurred about the commencement of our epoch.

—Gov. MORTON, of Indiana, is trying a new remedy—a Swedish invention, called the "Iron treatment." The legs are placed in iron boots and subjected to an oscillatory motion of twelve hundred a minute, and the arms, similarly incased, two thousand a minute. The object is to vitalize and increase the action of the muscles and nerves. The operation causes almost insufferable heat to the extremities. His Excellency improves.

—PROFESSOR TROUSSEAU, it is reported by the correspondent of the *Richmond Med. Journal* has resigned his position as physician of the Hôtel Dieu, and now holds the Professorship of Therapeutics at the Medical School. It is thought that he will soon retire from the active duties of a teacher.

— **CARBOLIC OR PHENIC ACID.**—This compound, recently found so efficient as a disinfectant, is now used for internal disinfection, in the form of a lozenge.

— **A NEW TEST FOR IODINE.**—**M. CAREY LEA**, of Philadelphia, has successfully used chromates, in bringing about the starch reaction in the presence of iodine in extremely small quantities. For instance, in a solution of iodide of potassium, so dilute that the addition of nitric acid or starch produces no perceptible effect, by the further addition of a *single drop* of a dilute solution of the bichromate of potash, instantly produces the well-known change of color.

— **THE Quartermaster General** is preparing to establish in his Department a Museum of the Anatomy and Diseases of the Horse. A great variety of specimens have already been collected and prepared under the superintendence of **Dr. BRALEY** an eminent Veterinary Surgeon.

Army and Navy News.

NAVY.

List of changes in the Medical Corps of the Navy, during the week ending December 1, 1866.

Assistant Surgeon **Leslie D. Frost**, resignation accepted.

Surgeon **Thomas Dillard** ordered to report on the 3d December, as Member of Naval Examining Board Philadelphia.

Assistant Surgeon **George S. Fife**, ordered to duty at Naval Hospital, Chelsea, Mass.

Surgeons **W. S. W. Ruschenberger**, **Lewis B. Hunter**, and **P. S. Wales**, detached from duty as Members of Naval Retiring Board, Philadelphia, and placed on waiting orders.

Dr. Joseph B. Parker appointed an Assistant Surgeon from November 24, 1866.

Acting Past Assistant Surgeon **F. V. Greene** detached from the Laboratory, and ordered to the U. S. S. *Aroostook*.

Acting Past Assistant Surgeon **John E. Parsons** ordered to the U. S. S. *Penobscot*.

Acting Assistant Surgeon **H. C. Eckstein** ordered to report on January 1, 1867, for duty on board the *Huron*.

Acting Assistant Surgeon **L. Fussell** ordered to the U. S. S. *Unadilla*.

List of changes in the Medical Corps of the Navy during the week ending December 8, 1866.

Surgeon **Wm. Johnson, Jr.**, ordered to report on January 1, 1867, for duty on board the U. S. Ship *Pawnee*.

Surgeon **T. W. Leach**, and Assistant Surgeon **H. N. Beaumont**, ordered to report on January 1, 1867, for duty on board the U. S. S. *Iroquois*.

Past Assistant Surgeon **C. H. Giberson** detached from Navy Yard, New York, and ordered to report on December 15, 1866, for duty on board the U. S. S. *Peoria*.

Past Assistant Surgeon **E. D. Payne** ordered to Naval Hospital, Washington, D. C.

Assistant Surgeon **J. S. Ramsey** detached from Naval Academy, and placed on waiting orders.

Assistant Surgeon **J. B. Parker** ordered to report for duty at Naval Academy.

Past Assistant Surgeon **D. R. Bannan** detached from the U. S. S. *Shawmut*, and placed on waiting orders.

Surgeon **James Suddards** ordered to duty as Member of Naval Examining Board, Philadelphia.

MARRIED.

COOPER—OSTRANDER.—In Grace Church, Brooklyn Heights, December 4, by the Rev. D. V. M. Johnson, D. D., Henry W. Cooper and Margarita, daughter of Dr. F. W. Ostrander.

HASTINGS—TORREY.—In East Abington, Mass., November 29, by Rev. H. D. Walker, Benjamin F. Hastings, M. D., and Miss Miranda Torrey.

JONES—EDWARDS.—Near Newtown, Ohio, November 28th, by the Rev. Geo. H. Dart, John E. Jones, M. D., of Cincinnati, and Miss Euphemia L. Edwards.

LUDINGTON—PORTER.—In Cincinnati, Ohio, Nov. 27th, at the Seventh Presbyterian Church, by the Rev. F. W. Brauns, Horace Ludington, M. D., of Pittsburg, and Miss Isabella P. Porter, of Cincinnati.

PRICE—EVANS.—On the 5th inst., by the Rev. Edward Lounsbury, Henry R. Price, of this city, and Rebecca S., daughter of the late Dr. J. W. C. Evans, of Burlington county, N. J.

RHOADS—WISTAR.—In this city, on Fourth day, the 28th ult., at Friends' Meeting-house on Twelfth street, Wm. C., son of Samuel and Anne Rhoads, and Sarah, daughter of Dr. Casper and Lydia J. Wistar.

SPRATT—THOMPSON.—November 20, 1866, by Rev. J. K. Andrews, Wm. R. Spratt, M. D., and Miss Nancy A. Thompson, both of Mulberry, Carroll co., Ohio.

DIED.

ELLIOTT.—At Brookville, Pa., December 6, Dr. David A. Elliott, son of the Rev. Dr. Elliott, of Allegheny City.

GRAHAM.—At New Lisbon, Ohio, Nov. 24th, of organic disease of the brain, Dr. Albert G. Graham.

HIGBIE.—Suddenly, at Yonkers, N. Y., Dec. 5, Jennie M., wife of John M. Higbie, eldest daughter of Dr. S. N. and Jane A. Marsh, of English Neighborhood, N. J., aged 32 years, 11 months, and 19 days.

MILLER.—At Scotch Plains, N. J., Dec. 8, of heart disease, Amos S. Miller, M. D., in the 65th year of his age.

ANSWERS TO CORRESPONDENTS.

Dr. W. G., Blakesburg, Iowa.—Apparatus for club-foot—one tentome, and one straight bistoury, sent you by Express 23d ult.

Dr. G. D., Galveston, Texas.—Microscope sent by Express.

Dr. B. G. N., Clifton Station, Iowa.—One Stem Pessary sent by Express, 30th ult.

Dr. L. D. T., Cassopolis, Mich.—Hypodermic Syringe sent by mail on 1st inst.

Dr. W. B., Lowell, Mass.—Bartholow on Spermatorrhoea sent by mail on 8d inst.

Dr. C. H. P., Hebron, Conn.—Barnes' Caoutchouc Dilators sent by Express on 8th ult.

Dr. W. K. C., Sandysville, Ohio.—Gray's Anatomy sent by mail on 8d inst.

Dr. W. M. L., Hamilton, Va.—Bartholow on Spermatorrhoea sent by mail on 8d inst.

Drs. C. & D., Williamsport, Pa.—Bartholow on Spermatorrhoea sent by mail on 8d inst.

Dr. G. M. M., Mahanoy City, Pa.—Eye Speculum sent by mail on 8th ult.

Dr. E. T. B., Stephensburg, N. J.—Roberts on Urinary Organs—Hydrangea Arborescens—sent by Express on 5th inst.

Dr. W. A., Troy, N. Y.—Dixon on the Eye sent by mail on 3d inst.

Dr. R. C. M., Halifax, Pa.—One Colpeurynter sent by mail on 8th inst.

Dr. A. J. C., Stewartsville, Mo.—Kost's Materia Medica and Therapeutics sent by mail on 4th inst.

Dr. H. W. M., Johnstown, Pa.—Ether Spray Apparatus, complete, and one set of Barnes' Dilators, sent by Express on 8th inst.

METEOROLOGY.

November,	26,	27,	28,	29,	30,	D. 1,	2,
Wind.....	N. W. Clear.	S. W. Clear.	S. W. Cl'dy. Fog.	S. W. Cl'dy. Sh'wr.	W. Cl'dy. Rain.	N. W. Clear.	N. W. Clear.
Weather.....							
Depth Rain....						1 in.	
Thermometer.							
Minimum.....	20°	25°	27°	40°	47°	27°	19°
At 8 A. M.....	28	35	49	60	50	38	28
At 12 M.....	46	51	60	67	50	43	36
At 3 P. M.....	47	50	62	67	52	43	39
Mean.....	35.25	41.	49.56	58.50	49.75	37.75	30.50
Barometer.							
At 12 M.....	30.4	30.4	30.2	30.	30.2	30.2	30.4
Germantown, Pa.						B. J. LEEDOM.	

THE MEDICAL AND SURGICAL REPORTER.

No. 512.]

PHILADELPHIA, DECEMBER 22, 1866. [Vol. XV.—No. 25.

ORIGINAL DEPARTMENT.

Communications.

BIOGRAPHICAL SKETCHES OF Distinguished Living New York Physicians.

By SAMUEL W. FRANCIS, A. M., M. D.,

(Fellow of the New York Academy of Medicine)

XI.

Edward Delafield, M. D.,

(President of the College of Physicians and Surgeons.)

"But sure the EYE of time beholds no name
So blest as thine in all the rolls of fame."—*Pope.*

"For that dow'ry I'll assure her of
Her *Widowhood*, but that she survives me,
In all my lands."—*Shakspeare.*

EDWARD DELAFIELD was the son of JOHN DELAFIELD, of London, who came to this country many years ago, and married Miss ANN HALLETT, of New York, by whom he had eleven children. Seven were sons—John, Joseph,* Henry, William, Richard,† Rufus K., and Edward; and four were daughters—Ann, Emma, Caroline, and Susan P., afterward Mrs. HENRY PARISH.

EDWARD was born in New York city, May 7th, 1794, and has survived his sisters, and nearly all his brothers. His first experience of school was in Cedar street, where he pursued his studies in company with Mr. ADAM SMITH, a man much addicted to learning, and well versed in rudimental education. He next entered Union Hall Academy, Jamaica, Long Island, and rapidly improved under the excellent supervision of Mr. LEWIS E. A. EIGENBRODT, a German scholar of distinguished abilities, and father of Rev. Dr. EIGENBRODT, of this city, whose useful life and evangelical teachings have made a deep impression on the Christian community. During his residence at this institution, he made satisfactory progress in French, mathematics, and the classical studies requisite for a fundamental education, and entered Yale College, New Haven, whence he was graduated A. B., in 1812.

* Major in the United States Army during the war of 1812 and President of the Lyceum of Natural History for more than 30 years.

† Major-General in the United States Army and a graduate of West Point.

On going forth into the busy world, young DELAFIELD almost immediately selected the medical profession as his future course in life. Imbued with few mercantile tastes, and never having followed any down-town occupation, his mind continued to seek for information. He accordingly entered the office of Dr. SAMUEL BORROWE, of this city, and followed out, carefully and studiously, the prescribed course of the College of Physicians and Surgeons, from which he received his diploma as Doctor of Medicine, in 1816, and of which most excellent institution he has been the President for many years. His thesis was on Pulmonary Consumption. During his laborious and professional career, he has been the witness of many changes in the laboratory; theories and practice of medicine; additional facilities of instruction; clinical advantages; exemption from trouble in the dissecting-room; superior plates for the benefit of anatomical students; and above all, a great improvement in the system of teaching. For now prolixity has given way to condensed knowledge: variety of information is supplanted by thoroughness of explanation; and the matriculated student is led on by concise wisdom to admire science and investigate disease, rather than, as formerly, be impressed with the vast amount of learning that emanates from his professors. This may be deemed trivial; but any one who has heard a lecturer whose mind caused him to think of himself, and not his subject, can appreciate it. Dr. DELAFIELD has, moreover, seen many fall from the ranks, and their places filled by others; and if he would deliver an address on comparative lecturing, embodying his views and experience, much practical information, and not a few most excellent anecdotes would reward the attentive audience. Human nature is materially affected by surroundings; and perhaps the push of the present age resolves every person's brain into a compendium of experience. If thoughts are the whisperings of the mind, why should not didactic speech be employed to convey intelligence, not confuse it. Much of this difficulty has yet to be removed; for as long as teachers in primary departments ask a new scholar, "What have you studied?" instead of "What do you know?" slug-

gishness of mind will follow imperfection of instruction.

Soon after receiving the imprimatur from his Alma Mater, he visited Europe, and spent much of the year 1817, in tracing the variety of treatment and diagnostic principles of the London and Paris hospitals, where he was enabled to compare theory with practice, and the better fit his mind for the responsibilities of an American career.

While abroad, he likewise passed some profitable time in investigating the local diseases of Holland, where at times the foreigner is interested in discovering the curious effect of the introduction of metaphysics combined with the ratiocination of therapeutics. The Teutonic mind does nothing without a reason; and as frequently disease is obscure, the scientific philosopher invariably deduces arguments often as ingenious as they are ineffective as remedial agents. A useful sojourn in Scotland also proved of assistance; and on returning to this country, Dr. DELAFIELD commenced to practice in the city of New York, where he has continued for over forty years, occasionally paying a temporary visit to some suburban retreat, to recruit exhausted energies.

His health, during an active life of exposure and fatigue, has been invariably excellent, saving an attack of rheumatism while at College, and a second one when about forty years of age, having escaped all other constitutional troubles.

Dr. DELAFIELD married Miss ELINA E. LANGDON ELWYN, October, 1821, by whom he had six children, all of whom are now dead. This esteemed lady was a grand-daughter of Governor JOHN LANGDON, of New Hampshire, who is known in history as President of the first Congress.

In January, 1839, he married JULIA, grand-daughter of General WILLIAM FLOYD, one of the signers of the Declaration of Independence, a man of military capabilities, and much force of character.

The Doctor's height, when last measured, was 5 feet, 8 inches; and his weight about 150 pounds. On asking him, one day, while sitting in his office, his opinion of tobacco, he looked up with a smile, as though knowing that his reply might be severe, if I were addicted to the habit, and replied, "I do not smoke, nor do any of my brothers. I think it a most pernicious practice; and so of tobacco in any form." This seems to be, as far as I have been able to ascertain, the general criticism from most of the profession; though there are still a few who enjoy a philosophical puff; thus rendering its use by a doctor not as yet eccentric, though perhaps unhealthy.

Dr. DELAFIELD's religious creed is that of the

Protestant Episcopal faith; and his favorite branch of practice, leading almost to a specialty, obstetrics and ophthalmic surgery, being connected with the leading lying-in asylums, woman's hospital, etc., and appointed consulting physician to the principal institutions for the blind in this city. The Doctor has been extensively associated with the progress of the healing art during the last half century, and has been, more or less, a laboring member of most of the charitable hospitals in New York. Many of his original ideas are so incorporated in the works of the day, that it would be difficult to give him all the credit justly his due. A suggestive atmosphere has pervaded much of his kindly nature.

I addressed him one day a letter on various topics, and incidentally asked if he would be a doctor again. His reply was characteristically noble: "I never would have exchanged my occupation for any other, if I could have received from that other twice the revenue I obtained from practicing medicine."

As an additional proof that he is consistent in this view of life, Dr. DELAFIELD still practices, and may be seen on almost any day visiting patients, and sitting in his heavy coupé as it wends its way through fashionable avenues and stops in front of lofty dwellings.

Though a resident of this metropolis during many grievous epidemics, he encountered the foe, and administered to the sick; fully appreciating the thought, that man is truly great, not by what others have done for him, but what he has done himself.

Dr. DELAFIELD's opinion on cholera is worthy of record embodying as it does, in a brief manner, views that are to a great extent favorably held by numbers of the profession:

"I do not think it contagious in the strict sense of the word. It certainly is conveyed by human beings from one place to another, but it seems to require an intermedium for its propagation. This intermedium is foul air, which being contaminated by the specific emanation from a cholera patient, is then capable of communicating the disease to other human beings.*

Dr. DELAFIELD edited, with many copious additions, TRAVER's work on the eye, and contributed during a large practice, numerous articles to the medical journals of the day, on ophthalmic surgery, which if collected in one volume would bring before the community a work eminently

* J. M. TONER, M. D., of Washington, D. C., has recently published a Catalogue of Medical works on Cholera, which he has collected from time to time. They already number over 112, and he is still adding to them: cheerfully holding them open to the medical fraternity—who no doubt will be much benefited thereby.

calculated to ameliorate the condition of the blind and unfold suggestions of permanent utility to the oculist.

This interest in the sufferings of those afflicted with diseases of the eye displayed itself at an early age. For as far back as the year 1818, the idea of originating the New York Eye Infirmary took its first inception in his mind—and having talked the matter over and conversed in a general manner with his friend and associate in Hospital duties, Dr. JOHN KEARNY RODGERS, they determined to wait a few years till their foothold in the profession was rendered more practical, when by diligent perseverance an end was reached, pleasant to contemplate in advanced life, and full of the charitable capabilities of the time. This most excellent Institution, which owes its foundation to the energy and perseverance of Dr. DELAFIELD, was suggested to his mind while attending the London Eye Infirmary, which owed its origin to the wise forethought and philanthropical exertions of Mr. SAUNDERS, who had doubtless heard of those in Germany. Drs. DELAFIELD and RODGERS, on their return to this country, opened in 1820, two rooms at No. 45 Chatham street, New York; and on different days in the week gratuitously attended those whose eyes were affected. In some seven months they had treated four hundred and thirty-six patients. This success made its way to the medical practitioners and suffering mendicant. Doctors volunteered their valuable assistance, and a uniform system of days and hours had to be enforced so crowded were the rooms and so small were the proportionate means. At this time encouragement was given by Drs. WRIGHT POST and SAM'L. BORROWE, as consulting Surgeons, and March 9th, 1821, a meeting was held at the City Hotel in Broadway, between Cedar and Thames streets, which resulted in placing this scheme on a permanent basis as an organization to be supported by the worthy citizens of New York. On the 21st April 1821, the officers and directors were duly elected.* This

* As this was the first Board, it will prove interesting to secure the names of those who held positions:

WILLIAM FEW, President.

HENRY I. WYCKOFF, First Vice President.

JOHN HONE, Second do.

JOHN DELAFIELD, Jun., Treasurer.

JAMES I. JONES, Secretary.

Nathaniel Richards,

Benjamin L. Swan,

William Howard,

Henry Brevoort, Jun.,

Joshua Jones,

William Howell,

James Boggs,

Isaac Pierson,

Jeromus Johnson,

Isaac Collins,

Cornelius Hoyer,

Henry Rankin,

Benjamin Strong,

Samuel Tooker,

Samuel F. Lambert,

Edward W. Laight,

Gideon Lee.

Consulting	{	WRIGHT POST, M. D.	{	Ex-Officio.
Surgeons,	{	SAMUEL BORROWE, M. D.	{	
	{	EDWARD DELAFIELD, M. D.	{	Directors.
	{	J. KEARNY RODGERS, M. D.	{	

movement led in a few years to the foundation of the Massachusetts Charitable Eye and Ear Infirmary by EDWARD REYNOLDS in 1824, and the organization of Will's Hospital, Philadelphia, for a similar purpose. Before this, diseases of the eye, capable of immediate alleviation, were allowed to run to blindness, owing to the general ignorance of that organ; but its immense benefit soon found favor throughout this continent until it would now seem almost proper to represent the figure of Justice with eyes of gratitude uplifted to benignant Providence. At the present time this noble charity, situated in a pleasant part of the city, in a splendid mansion, treats some 7,000 patients annually; is possessed of valuable property estimated at \$100,000, and is presided over by some of the leading men of honor in this city. How appropriate would it be, if the portraits of CHESELDEN and SHARP, CELSUS and POTT, RICHTER and TRAVERS, SAUNDERS and LAWRENCE WARDROP and BEER, with men of that stamp, could adorn the walls that those who are about to leave with restored vision might look upon the features of the pioneers of an important era in the lessening of pain and the acquisition of an unlimited blessing. AUGUSTE COMTE says that each of our leading conceptions, each branch of our knowledge, passes successively through three different theoretical conditions, the theological, the metaphysical, and the positive or scientific. How appropriate is such a thought when applied to the restoration of the eye—that "window of the soul!"

For many years Dr. DELAFIELD entertained the idea of founding a Society for the relief of the widows and orphans of medical men.* Instances of pressing want had so often forced themselves before his benevolent mind, that in 1842, after having corresponded with many physicians on the subject, who endorsed his views, he invited a few friends to his own house, and discussed at length the merits of the case. Meeting with a hearty co-operation from the fraternity, the first committee appointed to investigate the idea was composed of Drs. EDWARD DELAFIELD, THOS.

* "The London Society, after which our own was modeled, was founded in 1793, and now numbers 220 life members and 149 annual subscribers, with a capital stock invested with the National Debt Commissioners, of more than £50,000, more than £44,000 have been distributed among the recipients of its bounty. Since 1793, 103 widows and 164 children have received benefits, of whom there are, at present, 35 widows and 24 children enjoying its benefits." [Extract from a Discourse entitled "History of the New York Society for the relief of Widows and Orphans of Medical Men," by Dr. E. L. BEADLE, and read by him in accordance with a request of the board of managers at the Astor House, on the 15th November, 1854, to whom I am indebted for many of the facts concerning the organization of this noble charity.]

COCK, J. K. RODGERS, F. M. JOHNSTON, and H. D. BULKLEY. On the 12th of May a circular was issued calling on the profession at large to meet at the rooms of the Lyceum of Natural History, on the 14th of the same month. It was largely attended, and called to order by Dr. JOHN STEARNS. Dr. VALENTINE MOTT was elected Chairman, and Dr. H. D. BULKLEY appointed Secretary. Dr. DELAFIELD then arose and stated the object of the meeting, and the benefits to be derived from this mutual organization. He then presented a report and the constitution, as drawn up for approval, both of which were duly accepted. The same gentlemen were retained on the committee, with the addition of Drs. JOHN REVERE, WILLARD PARKER, ISAAC WOOD, and JARED LINSLEY, who were directed to procure signatures and subscriptions. One hundred names were obtained by the 5th of October, and a meeting was called for the 8th, on which occasion Dr. JAMES CAMERON acted as Chairman, and Dr. BULKLEY as Secretary. A formal election of officers took place, which resulted as follows:

President, Dr. EDWARD DELAFIELD.

Vice Presidents, Dr. JOHN REVERE.

" " Dr. FRANCIS W. JOHNSTON.

" " Dr. JOHN STEARNS.

Treasurer, ISAAC WOOD.

Managers:

Dr. James C. Bliss,

" Alfred C. Post,

" Joel Foster,

" A. T. Hunter,

" W. W. Minor,

" Valentine Mott,

" James R. Wood,

" H. D. Bulkley,

" James McDonald,

" James A. Washington,

Dr. Richard K. Hoffman,

" J. P. Van Arsdale,

" J. Kearny Rodgers,

" John H. Griscom,

" Jared Linsley,

" Hugh Lavurny,

" A. N. Green,

" Willard Parker,

" George O. Cammann,

" J. B. McEwer.

This body held a meeting on the 19th of the same month, and appointed a committee of three to "draft a Constitution and code of By-Laws for the Society, and take steps to procure a Charter," which committee was composed of Drs. BLISS, JOHNSTON, and WOOD. The result of their labors was accepted November 18th, 1842. Dr. BULKLEY was officially elected Secretary, and Dr. WM. P. BUEL chosen to fill a vacancy in the list of Managers. An Act in favor of the Charter was passed at Albany the 18th of April, 1843, and what a few months before had been but the seeds of suggestion now assumed the influential position of an "Institution." Though at first restricted to the benefit of residents of New York and King's county, subsequently Richmond and Westchester counties were embraced in its useful sphere.

In 1850 Dr. JAMES C. BLISS was chosen as its head, and in 1853 Dr. ISAAC WOOD was elected

President, having held the responsible position of Treasurer since its incorporation, on which occasion Dr. E. L. BEADLE was selected to fill the position left vacant by Dr. WOOD.

Subsequently Dr. BULKLEY presided over the meetings, and Dr. J. W. G. CLEMENTS was appointed Secretary in his place. The first year exhibited the names of 56 members, and the sum of \$1570. During the first twelve years of the Society's existence but 16 members died. The subscription of \$150 renders the donor a "Benefactor," and entitled to privileges. In the annual statement for 1866 the receipts were,

	\$5,017 90	} making
Balance in Treasury,	204 16	
		\$5,222 06,

and the disbursements in the form of annuities were \$1,350. Six families of deceased members are at present aided materially by this Society.

The principal officers now holding positions are HENRY D. BULKLEY, M. D., President; ALFRED C. POST, M. D., WILLIAM DETMOLD, M. D., and EDWARD L. BEADLE, M. D., Vice-Presidents; J. W. G. CLEMENTS, M. D., Treasurer; and S. CONANT FOSTER, M. D., Secretary. The members of the Society number 108, of which 78 are for life, and 30 annual subscribers; the benefactors are 25, three of whom are laymen. It is to be hoped that ere long a suitable institution, in proportion to its wants, will be erected for the benefit of the widows and orphans, that a healthy locality may be combined with permanence of residence. With this idea widely circulated, there is little doubt but that in a short time a building committee could raise ample means from \$100 subscribers.

There are many other benefits to be derived from such an association of the well-wishers of humanity. The combined efforts of the better classes of society in behalf of those afflicted by distress, renders poverty more endurable, and warms the sick man's heart. Besides, the more we look after the welfare of our noble profession, the higher will be the respect of others. Many there are who bow in adversity; but very few are willing to kneel in prosperity. Deeds of kindness, however, assist in bringing forth the better part of human nature, and render him who was once selfish and misanthropical full of noble aspirations, and the proud possessor of an approving conscience.

— CLITORIDECTOMY.—Dr. WEST is out with a strong letter against the practice of clitoridectomy, as a remedial procedure in cases of convulsions, epilepsy, or idiocy in females, diseases which he states never to have seen induced by masturbation.

PHYSIOLOGICAL AND PATHOLOGICAL
RELATIONS OF THE TRUNKAL MUS-
CLES, WITH THE THERAPEUTIC INDIC-
ICATIONS INVOLVED.

(Continued from p. 379.)

BY E. P. BANNING, M. D.,

Of New York.

Of Abdominal and and Spinal Support in Leu-
corrhœa and Catamenial Derangements.

Having cursorily considered the influence of a morbid trunkal bearing, in inducing uterine displacements, and also of abdominal and spinal support in treating the latter, I now offer some suggestions on the effect of these same uterine displacements, in inducing leucorrhœa, and the several derangements of the catamenia, and on the adaptedness of abdominal and spinal support to fully or partially correct the same. In attempting this, it must be without the support of that *positive* mechanical philosophy, which has borne us so high above cavil, in discussing the causes and cure of uterine displacements, and must depend mainly upon analogy, observation and *established facts*, all of which combined, constitute an argument scarcely second in value to any demonstration.

Of Leucorrhœa.

It is known to every practitioner, that as a rule, leucorrhœa accompanies the several forms of uterine obliquity, and disappears when the obliquity is corrected, without any specific remedies to that end. I have also been consulted in many instances, by virgins, where the weakness in the lower spine, abdomen, pelvis, and thighs, was so similar to that attending uterine prolapsus, as to induce me to apply abdominal and spinal support, purely as a general and local comfort. In these cases, I have quite uniformly noticed both the weakness and the leucorrhœa to discontinue. From this, I learned to suspect some degree of uterine displacement, as a *cause* or irritant, in most cases of leucorrhœal discharge, and in all consultations for leucorrhœa. I have seldom failed, by verbal or digital examinations, to discover some mechanical uterine abnormality. From this, I fell into the nearly stereotyped habit of applying mechanical support, in cases of leucorrhœal discharges, with a success which certainly never has attended any other treatment for that insidious and undermining malady. And now, after the experience and observation of twenty-five years, I am compelled, as a rule, to look upon leucorrhœa as being but a *symptom*, or a *result* of some degree of prolapsus, version or flexion; and to expect as great a proportion of success from the application of such support, as

fully corrects the trunkal bearings toward the pelvis, as can be expected in any treatment in any other malady, taking into account that *some* of the cases, *must* have another base. This view of the case is supported by the consideration, that in the normal pelvic condition the vagina is so circularly contracted upon itself, as to not only crowd the uterus to situ, but also to so contract the vaginal exhalants as to allow of no more than a normal lubricating exudation; whereas in prolapsus the uterus has been crushed into the vagina, where it must act more or less as an irritating foreign body, and has caused a great expansion of the vaginal exhalants, through the greatly relaxed and expanded surface of that canal. This pathology of leucorrhœa, also explains why it is that the best success in treating this malady by medicine, is usually so transient. The stimulating balsamic, terebinthinate and heating specifics, being barely able to close the vaginal exhalants, temporarily, without removing the physical forces, which are at work in the case, and therefore they must be frequently repeated.

Case 1st. A widow, aged about 35, and of slender make, in her excessive pedestrian efforts as a city missionary, brought on a most excessive leucorrhœal discharge; such was the leucorrhœal "flood" as to not only rapidly deplete her, but also to require the frequent careful adjustment of the napkin, to prevent exposure in her movements. The lady was literally bleached, and this, in proportion to her efforts. She said she had been so, since pain in the back, abdomen and thighs commenced some years before. As a matter of course, she was dyspeptic, had great sense of "goneness at the stomach," and the whole spirit was overspread with the greatest discouragement and gloom. As the patient utterly refused to suspend her humane pedestrian efforts in behalf of the poor, I did nothing for her, but to apply the brace, with a view to lengthening out her strength to some extent; and although her labors on foot continued, there was both a general and particular improvement on the same day of the application, and within one week from that date, she was wholly restored. This result was remarkable, and is probably more than can be calculated upon in all cases. But the case is by no means isolated.

There is another class of cases, composed of young ladies, of 12 years and upward, who are of delicate make, and of imperfect physical development. These are sometimes, in some degree, the subjects of leucorrhœal discharge, which seems to arrest both growth and womanly matu-

riety, and for whom only transient benefit results from internal treatment.' It will also be found that even these are the subjects of those pains and weaknesses of the back, hips, thighs, and abdomen, which are so nearly pathognomonic of prolapsus. It is in this class particularly where I have found the most uniform and triumphant results of mechanical support. In these young cases, it seems to so rest the relaxed and laboring physical powers, as to enable them to make a *sudden bound into life*, whereas, but for this timely *impulse*, nature never could have done more than to eke out a few years of unsuccessful struggle for life. The cases illustrating both this and the former class, are multiplied, but I select but one of each as a representation of them all.

Case 2. Aged 15, of large brain, precocity of intellect, and slender make. Had menstruated early, and was the subject of constant leucorrhœal discharge. Had pain in her back and hips; feet were cold, and limbs weak and tremulous; was dispirited, nervous and gloomy, and a great variety of constitutional treatment had failed. When called to this patient, I discontinued treatment, and applied the abdominal and spinal support. This resulted in a cessation of the pains in back and hips. The feet soon became warm, and the limbs strong. Leucorrhœa ceased, spirits and appetite returned, and in a few weeks, our nervous sombre and puny patient, was metamorphosed into a blooming and joyous young woman. In seeking for a rational explanation of these pleasing results, in this extensive class of cases, after the failure of the various treatment by medicine, what else can we conclude, but that the leucorrhœa was rather an outbirth of more or less muscular laxity, visceral descent, and consequent stress upon the uterine ligaments, and often of actual uterine displacement, and that this violation of the cardinal physical unity of the body, had not only aroused the irascibility of the sympathies, but had at the same time depressed the ganglionic system, which presides over the insensible sensibilities, or activities of organic life, and that the abdominal and spinal support, has both rested and excited the abdominal and dorsal muscles, removed visceral stress from the uterine ligaments and vagina, and caused the vaginal exhalents to be consequently ligated. It has also allayed sympathetic irritation, and quickened the energies of organic life, by the stimulus of upward pressure to the lenial viscera, as shown in the REPORTER of July 28th, and August 11th. But we are not now pressing mechanical support as a *treatment* in leucorrhœa

or catamenial derangements, but only as an *item*, which may often serve as a basis of success by either general or specific medicinal treatment.

Of Dysmenorrhœa.

Of the characteristics of this most distressing malady, it would be superfluous for me, here to speak. For our purpose, it is sufficient to say, that evidently, it exists under several different and seemingly independent influences; such as permanent and spasmodic cervical obstructions, neuralgic, diathesis, etc. It is also just to state, that whilst there are *instances* of success by cervical dilatation, and some of the many medicinal treatments, it is admitted by the ablest writers, that after all, every operation, and every article of the *materia medica*, is very liable to fail, and, that success in any case, is at the best, more than problematical. The conclusion then, is, that *the* treatment for dysmenorrhœa is not yet found, and that to furnish a single valuable item in the premises, though it comes short of being the *instur omnium*, in the case, may be an advance in the right direction. Under this idea then, and this alone, I propose the application of abdominal support in all cases of habitual painful menstruation. In doing this, sanguine as I am of the importance of the idea, as an auxiliary, I have to confess, that after taking into account the known general soothing and harmonizing effect upon the digestive, uterine, and nervous systems, of erecting the body, bracing the dorso-lumbar spine, and compacting the viscera, the force of the proposition must rest *mainly* upon an extensive collection of incontestable facts, which, by the way, have been, and still remain the principle rationale of several reported treatments in several maladies. It is now over twenty years since I have been in the uniform habit of applying abdominal and spinal support in dysmenorrhœa, and I stake my reputation upon this public statement, that out of some hundreds of cases there has been scarcely an exception to a great mitigation being promptly experienced, and, in many of the most forlorn cases, the success has been, even radical. In these cases, abdominal and spinal support was at first applied for *partial comfort*, in those agonizings in the spine, hips, hypogastrium and thighs, which so generally attend uterine displacements; *some* mitigation of pain and weakness, being the *extent of my most sanguine hopes*. In this, I was *never* disappointed, and was often amazed to find the result to be a radical cure. This caused me to institute a series of systematic experiments in the premises, which have resulted in my unwavering conviction, that, if the best abdominal and

spinal support could be applied in each case of dysmenorrhœa extant, (even without internal treatment,) nearly universal benefit would result, and in many cases the *desideratum* would be supplied; and much more so, if with it the operations and internal remedies indicated, were used conjointly. In quite a proportion of these cases, there is nothing to call forth either the sneer or the amazement of any, inasmuch as the cases were probably identified with either prolapsus, version, or flexion, but in the balance of the spasmodic and neuralgic cases the relief must be referred to the broad idea, that the support so restores the *federal unity* of the body, as to soothe all the *provinces* into one harmonious *fellowship*. Out of the multitude of illustrations, confirmatory of the above view, I select but two, which may fairly represent the rest.

Case 1. Unmarried, aged 19, and of symmetrical proportions, was brought to me by her mother, who stated that, "once a month, the whole house was in an uproar for four days, to keep life in Emily." "In summer or winter, she must lie and baste her naked back before a hot fire, or else her back must be often ironed with a hot iron." "We must all take turns rubbing her legs, arms, and back, to keep her from going into convulsions." "She curls up into a heap, and acts like a woman in labor." "Opiates accomplish little, and destroy the tone of her stomach." "The only thing that does not do more hurt than good, is to keep her half-drunk on hot whisky-stew." "Her back aches continually, and is very weak; feet are cold, and her limbs fail her. She feels constant emptiness in her stomach, and has no appetite." "Has no desire to see anybody, and is terribly nervous." "She is looking for her turns to-morrow, and is wild with anxiety." To this case the brace was applied, without promising any material benefit. I directed her to abstain from all internal remedies for a time. Her menses appeared the next day, but without even the annoyance common to that period. She spent the day in the street, and walked several miles to visit a young friend, who suffered like herself.

Case 2. Aged 20, of a good figure; appearance anxious and haggard, from dysmenorrhœa. Had gradually become dyspeptic, from her monthly agonies. Her immediate sufferings, when unwell, were not quite so extreme as in the case of her companion, (Case 1,) but her general health suffered quite as much. The same course was pursued with this case as with Case 1, and with an equally happy result, not merely in the matter of suffering, but in the restoration of general

health, improved spirits, and expression of countenance.

In these cases, the result was not only radical, but permanent, as the patients orally testified, some months after. Indeed, such, in the main, has been my experience on this point, that I now close by recommending abdominal and spinal support in all cases, soon after gentle remedies fail to succeed, and before unsettling the nervous and digestive systems with opiates, which, at most, are but palliatives, too exhaustive of the vital energies, when often repeated.

[To be continued.]

CASE OF INVERTED UTERUS OF THREE MONTHS DURATION REPLACED.

BY W. I. HEDDENS, M. D.

Of St. Joseph, Mo.

Mrs. W., a resident of St. Joseph, Missouri, æt, 31 years, primipara, had a hemorrhage for three months after her confinement, which was a continued drain, amounting at times to flooding. Her accoucheur, a very intelligent gentleman, had tried various therapeutic remedies but of course of no avail. He asked me to see his patient, and upon a digital examination, it was diagnosed a complete inversion of the uterus. The woman was so prostrated from loss of blood, that she could not turn herself in bed, but as nothing would arrest the hemorrhage, there was no good reason to delay. We gave her chloroform, and tried patiently and persistently to reduce the inversion, but failed. The uterus bled profusely upon the slightest pressure, and the woman became dangerously prostrated, but under the use of brandy rallied. The next day we tried with the same success. The attending physician declined any further interference, and the case passed into my hands. I procured an air pessary with a long tube attached, and inflated it in the vagina, and on the fourth day I anæsthetised her, and with little manipulation succeeded in restoring the uterus to its proper position. The woman never lost a drop of blood afterwards, but had a slow recovery. At this date, seven months, she has good health, has menstruated, and has had no return of the symptoms. Too much praise can not be given to such an instrument, it was soft to the tender inflamed surfaces, and what I regard as its chief chiralurgical value, is the *continued and gentle* pressure, which if it can be maintained in the right direction, must, I think, always succeed. I have seen inverted uteri before, (not when I was attending in the accouchment,) of a few hours duration, which I succeeded in restoring. One which the accoucheur

inverted by traction upon the cord, and afterwards mistaking its nature, pulled at the inverted uterus, trying to get it away. I restored it without difficulty, but the woman died soon after from the loss of blood that had occurred before I arrived. In the former case, I could not trace the cause of the accident to the physician, and am of the opinion that it was caused from a lax and yielding condition of the tissues, for it evidently came on gradually. The difficulty in this case was augmented by the condensation of the muscular tissue of the uterus, for it was but little larger, if any, than a natural uterus, three months after parturition. I will watch this case to see if there is any tendency to a return of the accident, and if there is, will report it.

Medical Societies.

PROCEEDINGS OF THE NEW YORK ACADEMY OF MEDICINE.

Nov. 21, 1866. Dr. James Anderson, Pres't.

Discussion on Chronic Metritis.

By PROFS. BUDD, BARKER, AND PEASLEE.

Reported by E. S. Belden, Student of Medicine.

(Continued from p. 501.)

Dr. BARKER remarked, that the gentleman who opened the debate alluded very clearly to certain special physiological conditions which make the uterus an exception to all other tissues and organs, in relation to its pathological conditions. With every word he fully agreed. Probably in the haste and inadvertence of extempore speaking, he neglected to allude to one other point,—the peculiar character of the tissue itself, which is the seat of the inflammation. In its now gravid, normal state, it is an organ of very low vitality, resembling in its condition, and in its physiological states, more cartilage, or bone, than other muscular or fibrous tissues. This condition entirely changes during the period of menstruation, and especially during pregnancy, gestation, and parturition.

He was amazed and astonished at the remarks of his friend, for whose histological acquirements, physiological knowledge, and clinical experience, he had the greatest respect, but who had truly said that the ideas he has expressed were opposed to those of all eminent authors on the subject, and who had the merit of being entirely original in regard to it.

In examining Dr. PEASLEE'S views in detail, it is first to be remarked that he makes a distinction between what he regards as inflammation and congestion, or engorgement. He agreed with him fully in the assertion that the tender uterus is not always the inflamed uterus; that some have morbid sensitiveness, pain and tenderness without inflammation. Yet his remark implies that the condition which is ordinarily regarded as chronic inflammation of the uterus, is not a chronic

inflammation, because it remains in a state of innocence, and the symptoms are in a great measure absent during a certain interval of time, and therefore should be regarded as a recurrent, and not a chronic inflammation. What is that element or condition which makes it recur? He will say *engorgement*, or congestion. How does he make the distinction? He admits that there is a certain disease, whose tendency is to recur at certain intervals periodically; certain symptoms subside for the time, and recur often; the certain tendency is never spontaneously to disappear, exceedingly intractable to treatment, exceedingly rebellious and unsatisfactory, and that it is congestion or engorgement. Now is not the fact that the tissue, which is the seat of what he would call engorgement or congestion, entirely changes its character in the interval between each menstrual period, sufficient to explain the cessation of active phenomena, which he regards as essential to inflammation?

He says there cannot be any inflammation where there is an absence of febrile exacerbation. But does not every surgeon see cases of inflammation of bone, periosteum, or cartilage, continuing over a long period of time,—in all tissues of a very low grade of vitality,—where there is mere vascular action without febrile excitement? If this be not the case, he confessed that he was in error, but he had always supposed so.

Dr. PEASLEE had claimed importance for his distinction between inflammation and engorgement, because the errors in pathology lead to errors in treatment; the doctrine of inflammation leading to depletion. He could not look at the subject in that light. He could not see how substituting the term engorgement or congestion would lead one to avoid depletion, any more than the use of the term inflammation. Is not depletion the remedy which would be at once suggested as a cure for chronic congestion or engorgement of the part, quite as quickly as for inflammation? He did not mean to accept the doctrine that all inflammation allows of depletion.

Both of the gentlemen who spoke before, spoke of depletion as very valuable in this disease. He did not regard it as the proper treatment of chronic metritis. This brings us to discuss the point, what is chronic metritis? He might here quote the remarks of the preceding speaker, in mentioning the change in the appearance, the color and size of the organ. The gentleman who opened the debate spoke of the distinction,—anatomical, physiological, and pathological—between the cervix and the body of the uterus. The distinction is one of very great importance. In his opinion, chronic metritis never reveals itself by the speculum. No effect produced upon the cervix uteri by depletion, as shown in the change of color, or size, would be in the slightest degree evidence of any change at all in the body of the uterus. Chronic metritis, by which we understand chronic inflammation of the body of the uterus, is distinct from that of the cervix uteri. As to the value of depletion of the cervix uteri in the treatment of chronic inflammation—or to accept the term—chronic engorgement, or chronic congestion—it might be of decided relief temporarily; though in the majority of cases it

is a palliative, not a cure. But that it exerts an influence on chronic metritis he did not believe, for reasons to be mentioned. The term chronic metritis should be confined to a pathological condition of the body of the uterus, distinct from the cervix. Now how does it reveal itself? He had been accustomed to regard it in his practice and teaching, as existing in three distinct forms.

The *first* form is chronic inflammation of the body of the uterus, with induration, general and partial, of its tissue. It is generally partial, and developed much more distinctly, clearly, and frequently, in the posterior wall than in the anterior, though it is accompanied by increase of size and weight of the uterus, frequently explaining the retroversion, partial or incomplete, effectually changing the condition of the posterior wall of the uterus, as shown by a proper vaginal examination, when it will be found to present marked nodosities, irregular in shape, very distinct, and sensitive to pressure. This is peculiarly so near and during the period of menstruation, but is always so to a certain extent. The gentleman who opened the debate spoke of the disease as being an extension of the inflammation of the cervix. The fact that there is a continuity of muscular tissue from the cervix to the body, probably would explain the fact that these nodosities are found in the parenchyma of the posterior wall of the organ five times as frequently as in the anterior wall. But they are sometimes found in all parts of the uterus.

The *second* form of chronic metritis he believed to be that form which is attended with no induration, but with ramollissement; softening of the tissue. This is quite a rare form; but, still, that it has a positive existence, I was convinced; not only from medical experience, but from some specimens seen in the dead-house.

The *third* form he regarded as chronic parenchymatous inflammation of the muscular tissue of the walls of the uterus, associated with chronic and endo-metritis, and chronic inflammation of the internal surface of the uterus. Now in regard to this form he was compelled to differ in a marked degree from the gentleman who opened the debate; for he understood him to say that most cases of chronic endo-metritis were associated with inflammation of the internal surface, or chronic endo-metritis. He, probably by a *lapsus lingue*, stated that ROKITSKY asserted that these conditions were almost invariably associated together. ROKITSKY may have made this assertion. But it should be remembered that he was not a man who had any clinical practice at all; but was a morbid anatomist in the true sense of the term, and a pathologist. So, if he did say so, he did not consider his authority very important. GELLIAN, who was a partisan of SCANZONI, entertained these views and many prominent writers have thought the same. The opinion however seemed to have gone by, very much, until recently he found his friends, Prof. THOMAS, and Dr. EMMET, entertaining the same view as that expressed by Prof. BUDD, viz., that it was in a large proportion of cases associated with chronic inflammation of the internal surface. This view he could not accept. It was entirely contrary to his experience. He agreed with the

statement of Prof. BUDD, that we meet with a certain per centage of cases of chronic endo-metritis without any chronic parenchymatous metritis. But when he asserts that we meet with no cases of parenchymatous inflammation without chronic endo-metritis, he was obliged to say that this was entirely contrary to his experience. He thought that the cases of associated endo-metritis and chronic metritis did not constitute over twenty-five or thirty per cent of the cases of chronic endo-metritis. He was very sure that not in one case of three could evidence of chronic endo-metritis be found where the characteristic conditions of parenchymatous metritis were present. They are associated, and do appear as in the relation of cause and effect, in perhaps the per centage he had named; which is, he believed, as large as experience will prove it to be.

Regarding therapeutics he agreed with the preceding speakers, that the disease is one of the most intractible, rebellious, and unsatisfactory diseases, we are called upon to treat. Even Dr. PEASLEE agrees with him in this. The disease we are discussing, however, is one which in its nature has a tendency, from the physiological causes, so fully explained, to perpetuate itself; and he believed never subsides during menstrual life. He did not believe there was ever a case that got well without treatment during menstrual life. But a certain proportion of cases, if not a large majority, do get well without menstruation ceasing; although the results may still remain and require to be treated, and be serious in their nature. In some cases nature cures them by treatment; and that treatment is pregnancy. He had seen cases of chronic metritis, and of so severe a character, that the patient was miserable for months and years, incapable of performing her duties as a wife, mother, or in social life; wretched, broken-down, and worn out, get well after parturition; because parturition was followed by a melting down, so to speak, an absorption of plastic exudation which had been deposited in the muscular walls of the uterus; and this inflammation has been attended with complete resolution of the inflammatory action. These very good results are extremely rare, because pregnancy takes place in but a very small proportion of cases, and in a much smaller goes on without interruption to the end of the period of gestation.

The etiology of this disease is very obscure. A certain proportion of cases, and especially of that form of chronic metritis which is associated with inflammatory exudation, deposited in the muscular fibres, causing induration, are secondary to an antecedent inflammation of the cervix uteri, and associated with it, though it may or may not be associated with its so-called ulceration and induration.

In perhaps the majority of cases he believed this to be the antecedent cause. Regarding the cases of chronic metritis with ramollissement, most of them, in his opinion, can be traced to miscarriage, at full period, or imperfect fatty degeneration and absorption of muscular tissue, leaving a fluid deposit throughout the larger proportion of muscular fibre. Of the other form of chronic metritis, associated with chronic endo-metritis, it has an immense variety of origin. It

may be associated with the partial destruction of the cervix, constituting dysmenorrhœa. It may be the result of amenorrhœa, impartial detachment of the lining membrane of the uterus, which is taking place at each menstrual period. It may be the result of imperfect involution following parturition. It is sometimes associated with submucous fibroid ailments, or with polypi, producing inflammatory action and ulceration.

Now, in relation to treatment. Dr. BENNETT is entitled to the merit of being the first English author, who, in a sound, pathological manner, called the attention of the profession to the existence of this disease. Since then other writers have presented their views on this subject, but they were nearly a reproduction of the views of BENNETT. The treatment which BENNETT regarded as most successful, was the establishment of an issue on the cervix uteri, for the purpose of draining off the inflammatory exudative deposit which had taken place in the body of the uterus; and modifying the increased inflammatory action which each menstrual period produced. His favorite agents were the potassa cum calce, or potassa fusa, for producing a permanent issue in the cervix. In relation to both of these measures, he himself had not the confidence with which they seemed to be generally regarded. Fifteen or twenty years ago he was in the habit of constantly and frequently resorting to depletion, either by leeches, or direct scarification of the cervix uteri. While he agreed with Dr. PEASLEE that there is a marked reduction of the symptoms, if not a palliation, especially if practised just before the menstrual period; yet he has found there was no real permanent good, but, after successive operations, the patients, instead of getting ahead, were retrograding. He believed also, that in the large majority of these cases of chronic engorgement, or inflammation, the patient is in a condition of anæmia. This is true in almost all cases. The depletion is not directly to the organ, but to the cervix uteri, and whether the amount of liquor sanguinis of the body of the uterus becomes decreased thereby, seems, I think, very doubtful. He had satisfied himself that patients are injured by this method of treatment. There are conditions when he used leeches, but chronic metritis is not one of these conditions. In relation to the constitutional treatment, he would not enter into a full discussion.

In regard to the regimen and hygienic measures, which are important and necessary, he agreed with Dr. PEASLEE fully. In relation to mercurials, he agreed with both him and Dr. BUDD. Instead of the bichloride, he was in the habit of using the protoiodide of mercury, in two-grain doses, combined with the sulphate of iron, and with a small quantity of opium, or some of its preparations, both to allay nervous irritation, and check any tendency of the protoiodide to irritate. But there are two methods of treatment to which he wished especially to call attention, and which had seemed, in his practice, of great value. One is the use of large injections of hot water into the pelvic cavity. This is especially for that form of chronic metritis associated with induration; and

associated ordinarily with dysmenorrhœa, sometimes amenorrhœa, or menorrhagia. The effect of the long-continued application of hot water on the tissues can be easily ascertained, and is perfectly familiar to almost every person present, and can be shown by holding the hand in it for any length of time. It has the effect of liquifying, so to speak, the plastic exudation, and producing absorption and resolution. It is now four or five years since he had been accustomed to using it in this special form of chronic metritis. A very large quantity should be used each time; the patient should be placed on the bed, in precisely the forceps position; an India rubber sheet is placed under her; a sheet is placed over her, so that there is not the slightest exposure. Under this rubber sheet a pail of water is placed, at a temperature as high as the patient will tolerate. The patients will bear a degree of temperature much hotter when injected into the vagina than they can bear by immersion of the hand. A DAVIDSON'S injecting syringe, one end of the tube dropping into the pail of water, the other in the vagina, injects the water into the vagina, which runs directly back into the pail. There is no need of wetting the clothes. You can add hot water as it is necessary.

The patient must be shown how to make the application in this way. Several gallons of water are injected at a time, and the injection continued fifteen or twenty minutes. As regards the success of this treatment, he had arrived at results with it more satisfactory than from any other mode of treatment. Those who would try this should particularly notice the extraordinary change the tissue undergoes in the whole vaginal wall after the water has been introduced for a long time. Some may have used this for the induction of premature labor. The change which is immediately produced in the tissues is astonishing. In that form of chronic metritis associated with amenorrhœa, and especially dysmenorrhœa, he resorted to this treatment daily for four or five days previous to the appearance of each menstrual period; and often at the very first period succeeding its use, great relief is experienced. It is accompanied with great modification of dysmenorrhœal pains, and great increase of the menstrual discharge. In this way we have a normal, natural method of directly depleting the organ, which favors resolution and absorption of the antecedent inflammatory deposit.

In that form of chronic metritis, associated with chronic endo-metritis, it is many years since he had been in the habit of making application to the cavity of the body of the uterus. He had tried a great variety of applications—nitrate of silver ointment, belladonna, iodine, and iodide of lead. A little over two years since he began to make use of an ointment of calomel and the oxide of zinc, in this class of cases, introduced by a suppository tube. In these cases of chronic endo-metritis, with chronic metritis, the cavity is almost invariably so enlarged, so dilated, that there is no difficulty at all in passing in this substance, which he thought was often a beneficial application.

EDITORIAL DEPARTMENT.

Periscope.

Internal Use of Chloroform.

Dr. BOGUE described, before the Chicago Medical Society, (*Chicago Medical Journal*), the effects of a teaspoonful dose of chloroform, administered in sweetened water to a strong Irishman, for severe colic pain in the abdomen, after five $\frac{1}{2}$ -grain doses of morphia had failed to give permanent relief.

Immediately after taking the chloroform, the patient suffered a severe pain in the stomach for half a minute, when he commenced panting violently, laughing, and talking wildly. He then lay upon the bed, continuing to laugh and talk about three minutes; at the expiration of five minutes more, he was fully anaesthetized. For about fifteen minutes, his breathing was slow and stertorous; pulse descending from eighty to forty-eight beats per minute; the veins turgid, lips and face purple.

Sinapisms were applied to the abdomen, and heat to the feet. The pulse and respiration became quite normal in a few moments. Slight vomiting occurred, when the patient slept quietly nearly an hour and a half. On awaking, he remained entirely free from pain.

Other members gave very favorable reports regarding the effect of chloroform internally administered in cases of nausea and pain in the abdomen.

One of the Dangers Incident to Hypodermic Injections,

Is illustrated in a case recorded by Dr. W. S. MITCHELL in the *Southern Jour. of Med. Science*.

A male Swiss, æt. 23 years, was admitted to the Charity Hospital, New Orleans, suffering from partial emprosthotonos, all the anterior muscles of the trunk being rigid in a semi-contracted condition, muscles of the arms and legs rigid, arms extended from the body, but flexed at the radio-humeral articulation; muscles of face slightly rigid, inability to articulate understandingly, mind clear, tongue much furred, bowels very torpid; little if any acceleration of pulse or increase of heat of the body. In seeking for an exciting cause, a large irritable ulcer, the size of a Mexican silver dollar, was found to be located just above the insertion of the left deltoid muscle; the border of the ulcer almost a circle, clean cut; the areolar and adipose tissues beneath entirely destroyed, presenting to view the uncovered muscle, which had the appearance of a piece of partially roasted beef, cut across the fibres, conveying to the mind the idea of some corrosive action.

The symptoms gradually but rapidly increased in intensity, and the patient died. On inquiry, it was found that the patient had been treated two months previously in the same hospital for intermittent fever, by hypodermic injections of quinia, the injections having been practised over the lower deltoid region of the left arm. Recov-

ering from the fever, the patient was discharged, but in a few weeks again presented himself with the deep ulcer occupying the arm injected. Dr. MITCHELL inclines to the belief that *quinine* is of itself a positive and powerful irritant, when introduced into the tissues by the hypodermic method; he has seen in several instances much pain, and considerable redness result from injections of small quantities of quinia, simply suspended in water, without any of the dissolving acids, and he is satisfied from hearsay, that this is not the only case of ulcer which has followed the hypodermic use of quinine in the city of New Orleans.

Reviews and Book Notices.

Surgical Clinic of La Charité. Lessons upon the Diagnosis and Treatment of Surgical Diseases, Delivered in the month of August, 1865, by Professor VELPEAU, Membre de l'Institut et de l'Académie Impériale de Médecine. Collected and Edited by A. REYNARD, Interne des Hôpitaux. Reviewed by the Professor. Translated by W. C. B. FIFIELD, M. D. Boston: JAMES CAMPBELL, 1866. 18mo., pp. 103. Price, \$1.00.

We are much obliged to Dr. FIFIELD for this translation of the *ex cathedra* utterances of so eminent an authority. It is a clear and no doubt faithful rendering of VELPEAU's terse statements of experience and opinion, which, even if they be sometimes dogmatic, always carry weight, and generally conviction.

More credit may be due to the translator for his close adherence to the conciseness of the text, because of his own evident leaning toward "fine writing." Thus, in his preface, we have this almost panoramic sentence:

"VELPEAU advances with the heavy tread of a mighty battalion, tears off the cerements that so long enwrapped the fair form of surgery, and if she stands stripped of the bandages and appliances that have so long arrayed her, she is all the more graceful and lovely."

We might, with interest, if this were a literary journal, make some analysis of this remarkable passage, which is endowed with a greater variety of figures of speech than is usual in scientific books at least. Passing this, we may note, that for thirty years VELPEAU has kept statistics of his hospital cases, averaging about a thousand a year. These must possess very great value. Those of a single year are well worth studying, as they are presented in this little volume.

The simplicity of VELPEAU's treatment of fractures is striking. For example, for the thigh, he "leaves the patient laid upon the back, the thigh extended, the ham lightly flexed upon a pillow. A crupper, round towel, embraces the ischium,

and is fixed at the head of the bed for counter-extension. A stump-bandage, at the level of the malleoli, allows the fixing of two tapes attached to the foot of the bed for extension." (P. 17.)

VELPEAU considers that lameness after fractures is much oftener the consequence of stiffness of the joints than shortening of the limb. For fracture of the bones of the leg he makes much use of the dextrin immovable bandage. Those of the patella are treated by a bandage (*kiastre*); regarding it as above all necessary to avoid the stiffness occasioned by too tight applications.

As to fracture of the clavicle, "know," he says, "that it is impossible to cure it without deformity. The important point is, that this deformity does not injure the functions of the limb. It is sufficient, at the end of four or five days, to apply an immovable apparatus, fixing the band of the injured side upon the opposite shoulder. Take it away at the end of fifteen days; the union is already solid."

Not proposing to make an abstract of the opinions or practice of the "king of surgeons," one or two other items only may be noticed: All *dislocations*, of the year referred to by VELPEAU in these Lessons, have been reduced "by horizontal traction—the ancient method." No allusion is made to any other plan. *Dropsy* of the joints is treated by him, sometimes, with injections of iodine; which, he asserts, never produces anchylosis. Of *whitlows* he makes four species: 1. sub-epidermic, 2. sub-cutaneous, 3. fibro-synovial, 4. periosteal. This is a very clear and good subdivision. An early incision, in VELPEAU's judgment, is necessarily only indicated in the fibro-synovial whitlow. In the other varieties you may wait the formation of pus. *Carbuncle* is treated by him with a *radiated* incision; the radii passing a little beyond the circumference of the tumor.

Erysipelas, phlebitis, burns, diseases of the genito-urinary organs, anal region, and eyes, are all practically touched upon. The following is one of VELPEAU's tables of the statistics of his operations for the year.

		Cured.	Died.
Operations upon the breast,	19, of which	12,	6
Cancroids,	13	10	3
Different tumors,	14	10	3
Amputations,	8	8	0
Operations upon Anus,	16	15	0
" " Genital organs,	37	35	2
Cataracts,	5	2	0
Different operations,	8	7	1
	—	—	—
Total,	120	99	15

Clinical Lectures on the Principles and Practice of Medicine. By JOHN HUGHES BENNETT, M. D., F. R. S. E., Professor of the Institutes of Medicine, and Senior Professor of Clinical Medicine in the University of Edinburgh, etc. etc. Third Edition. With Five Hundred and Thirty-seven illustrations on wood. New York: W. Wood & Co. 1866. 8vo., pp. 1022. Price, \$7.00.

Since the first issue of this work in 1859, it has not undergone very great changes, although many minor ones are made. It was a very valuable work from the start; especially rich in details of information upon clinical medicine, as well as full and clear in the enunciation of principles. Dr. BENNETT has, by uncommon ability, attained to the position of a *leader* in medicine. Like other leaders, his peculiarities are strong. We believe some of those, in whose assertion he is most positive, to be great errors; but they have become popular in the profession.

One of Dr. BENNETT's dogmas is, the resolution of all the phenomena of inflammation into *exudation*. He still adheres essentially to this, although giving more notice than formerly, to the other portions of the process, as recognized by all. This theory of his, and those of VIRCHOW and others, remind us of an argument of some botanists of a metaphysical turn—as to the nature of a plant. One declared, "the plant is a *root*;" a second, "I pronounce it a *stem*;" a third, "only a *seed* is a true plant." A fourth entering, seeing a rare specimen of an exotic upon the table, decided it thus: "Whoever this belongs to, let him take what he regards as the only essential part of the plant; and I, as umpire, will take the rest."

Dr. BENNETT adheres to the molecular theory of histogenesis; and still does not bleed in pneumonia; he still doubts the non-identity of typhus and typhoid fevers, and denies the truth of MURCHISON's pythogenic theory of the origin of fever. In this, by the way, he is well sustained by his colleague, Dr. CHRISTISON. Dr. BENNETT also continues to argue, at a length of several pages of fine print, his claim of priority over VIRCHOW, in the discovery of leucocythæmia. From VELPEAU, he cites a letter, confirming the view taught by himself, that true cancer may be permanently extirpated with the knife. Altogether, Dr. BENNETT estimates that he has added three hundred pages of new matter; but he has made way for it by judicious curtailment, so as not to increase the size of the volume. The abundant and excellent illustrations add greatly to its interest and value. It is, on the whole, a great book; not only in bulk, but in scientific and practical importance; and very well issued by its American publishers.

Cerebro-Spinal Meningitis; Being a Report made to the Illinois State Medical Society at a Meeting held at Decatur, June, 1866. By J. S. JEWELL, M. D., Professor of Anatomy, Chicago Medical College, etc.. etc. Chicago: GEORGE H. FERGUS. 1866. Pp. 68.

Dr. JEWELL has taken great pains to do justice to the important subject of this Report; and has thereby rendered service, not only to the Society to which it was given, but also to the profession at large. We are not able to agree with quite all his opinions; but we are not acquainted with any more careful or more judicious analysis of the facts concerning this disease, as observed in Europe, as well as in this country. It will not be giving him any too much space to cite a few of his principal deductions:

"1. The symptoms which refer to the nervous system, while they vary, are, as a group, never absent. Other symptoms are mainly incidental.

"4. It is *not* a form of typhus.

"5. It is probably neither contagious nor infectious.

"6. It is probably due to a special external epidemic cause.

"10. It is a *cerebro-spinal meningitis*, if we name the disease from the stand-point of a *group* of its *most obvious and constant phenomena or effects*; and all other titles given from similar stand-points, as spotted fever, deserve to be abandoned for obvious reasons. That it is impossible, at this time, to give the disease a name from the stand-point of causation which shall be satisfactory."

From this preference for the name *cerebro-spinal menengitis*, we dissent. The disorder is, clearly, not a phlegmasia, but a zymotic disease; a *fever*. Better, then, would be the term "*cerebro-spinal fever*" than a name which involves a pathological error. With BOUDIN and TROUSSEAU, we would call it *cerebral*, or *cerebro-spinal typhus*. Let us quote him further, as to the principles of treatment of the disease.

"We seem to have two classes of cases in which the indications for treatment are somewhat different.

"1. Those in which the cause operates with such intensity as to destroy life directly, before time has been given for pathological changes of any considerable importance to occur.

"2. Those in which the nervous system recovers from the first impression, and which at last show much of the character of ordinary inflammation of the contents of the cerebro-spinal cavity, are often sthenic or febrile in character, and require a quite different therapeutical management, in many respects, from those of the first class.

"In view of the first class of cases, and the actual phenomena of the disease, as they appear at an early period, we would turn:—

"1st. To such known agencies as would efficiently stimulate the organic nervous system, such as opium, cantharides, camphor, chloroform, strychnia, the active principles of coffee and tea, quinine, brandy, &c.

"2d. To such external agencies as would prove revulsive, by promoting the circulation at the surface of the body, and which would at the same time prove indirectly stimulant to the nervous system, such as blisters, heat, frictions, stimulating embrocations, and sometimes the alternation of heat and cold, dry cups, local bleeding occasionally, faradisation of the skin, etc.

"4th. In the second class of cases, we would expect internal stimulants not to answer so well as in the first class and in the early stages of the disease. External stimulation, as blistering, we would expect to prove useful over the back of the head, neck and spine. We should be led to think more of the application of cold, of bloodletting, both general and local, and of alteratives, such as the mercurials, iodide of potassium, bromide of potassium, etc., than in the former cases."

Upon reported experience, Dr. JEWELL considers *opium* to have been proved, in the early stage at least, the most efficient medicine. *Quinine* finds the majority against its employment, except in paludal localities. The reports of Dr. GILBERT, of this city, to the College of Physicians, of his success with large doses of quinine, are not alluded to. Of *external stimulation*, nearly all report favorably.

Ether-Spray in the Reduction of Hernia.

The report of a case of Reduction of Hernia by ether-spray, given in a former number of this journal, is followed by another. Dr. STEELE, of Liverpool, states in the *British Med. Journal*, that some months ago he used the ether-spray with success in the reduction of a rather large inguinal hernia in a boy about four years old, who had worn a truss from early infancy. The hernia had remained down sufficiently long to cause vomiting and other early symptoms of strangulation. Having persevered with the taxis in the ordinary way for some time, he applied the ether spray, and ultimately succeeded in returning the bowel. The frigorific effect was not carried so far as to produce complete congelation and blanching of the surface; but short of that condition, which might possibly have been injurious, the excessive coldness materially aided in the reduction, and in all probability saved the patient from a capital operation.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, DECEMBER 22, 1866.

VOLUME SIXTEENTH.

The Sixteenth Volume of the MEDICAL AND SURGICAL REPORTER begins with the first issue of January, 1867. The fact that unaided by capital, and in spite of many disadvantageous and discouraging circumstances, partly connected with the unsettled condition of the country for several years past, the work has not only maintained an existence, but has increased in value and usefulness, is evidence of its acceptability to the profession.

We must appeal to the past as a guaranty for the future, simply adding, that for the present we shall give the work more undivided attention, and expect to perfect its business department, and continue to add to the value of its literary contributions.

The stimulus we need is MONEY. No subscriber who exerts himself to extend our circulation, and thus add to the income, will regret it, for it will give us the means to improve the medical literature of the country. Let all aid us in this good work; first, by a prompt renewal of their own subscriptions, and secondly, by increasing the number of our readers.

EXPERIMENTAL PHYSIOLOGY.

Those who were readers of the REPORTER six or seven years ago, know that this Journal has on more than one occasion advocated the claims of experimental physiology, and of the demonstrative method of teaching, in our medical schools—this most important, this fundamental branch of medical science.

The subject has recently been again agitated, in consequence of the officiousness of the President of a "Society for the Prevention of Cruelty to Animals" in the city of New York, who having heard that in the Medical Department of Columbia College, *vivi-sections* were resorted to by the Professor of Physiology, for the purpose of demonstrating physiological facts to his class, wrote a letter to the President of the Faculty complaining, and asking for information, about such cruel practices. This letter was referred by the President to Professor DALTON, the gentleman immediately concerned, who answered it in a quiet and becoming way.

To place the matter, however, before the profession in its true light, Professor DALTON on the 12th of December, read before the New York Academy of Medicine a paper on the "*Propriety and Usefulness of Vivi-sections*," which we had the pleasure of listening to, and which all those present on the occasion, and those who will peruse its contents when in print, will agree with us to be a complete refutation of the usual objections made against experimental physiology, and an unanswerable, positive argument in its favor. The importance of the subject demands that we should notice in a brief sketch, the main points advanced by Professor DALTON. They are as follows:

The objections, which have been urged against *vivi-sections*, and experimental physiology generally, are three-fold:

1. Cruelty.
2. Liability to uncertainty, and
3. Want of value in the results.

The insignificance and injustice of the first objection is at once apparent when we enter into the *aim and object* of experimental physiology. If we destroy every year in South America, 400,000 animals, simply to get boots and shoes, the sacrifice of a few hundred animals for the study of the phenomena of life, and ultimately *for the relief of human suffering*, can certainly not be called reckless. *Vivi-sections* of lower animals are no more cruel than dissections of the human body are open to the charge of sacrilege and impiety. The only instance, of which the author was aware, of reckless abuse, of the practice, was in a foreign veterinary school in which surgical operations were performed upon living animals. But this practice had, to his knowledge, never been resorted to in this country, and had nothing to do with experimental physiology. All these objections too, generally dated from a time before the use of anæsthetics, and at the present day the majority of physiological experiments are performed under unconsciousness and free from pain. There is only a small class of experiments, where consciousness of the animal is required—experiments on the nervous system, where it is necessary to determine the sensibility or insensibility of the animal to irritation of particular nerves. But a little examination will show the really small amount of suffering even in these cases, many of the nerves and nervous centres being insensitive. Sir CHARLES BELL exposed and divided the *portio dura* without pain. The same has often been observed with the pneumo-gastric nerves. Removal of the entire substance of the hemispheres of the brain produces absolutely

in establishing these facts, these very experiments have accordingly been exceedingly valuable.

The *preliminary* operation of dividing the integument, etc., which is really more painful than the operation upon the nerves themselves, may always be performed under the influence of ether. The irritation too, applied to particular nerves to determine sensibility, need not be so violent as to give much, or more than momentary pain.

The *second* and *third* objections to experimental physiology may best be answered by reviewing what it has accomplished.

It is the only true method of determining the vital functions. Physiology, as a rule, was in error as long as it was satisfied with guessing at certain functions. In 1809, when the anatomy of the spinal cord was already known, ALEXANDER WALKER ascribed sensibility to the anterior column and motion to the posterior. BELL and MAGENDIE by means of *vivi-sections* showed the contrary to be true. After LAVOISIER had made his discoveries it was generally thought that the lungs were heated by the introduction of oxygen. But *direct examination* afterwards showed that the blood carried from the lungs became cooler rather than that carried to them. This shows that *surmises* in physiology are futile, and why experiments on living animals is the only true method of determining the functions of the living body.

The *lacteals* had been discovered and anatomically demonstrated by VESALIUS, but their true physiological relations, and the activity of this part of the circulatory system, was only revealed by two French physicians after *actual experiment* on living animals.

Again, this method can be applied with certainty and success by good experimenters. The *violence* used has been said to place organs in an unnatural position, and hence the results have been pronounced deceptive and uncertain. But the physiological experimenter takes these disturbing elements and influences into the calculation and guards against them. Experimental physiology is an art which must be learned.

What has it accomplished? It is not new. It has been resorted to for seventeen centuries. The periods when medical knowledge progressed most, were exactly the periods when it was most resorted to. Every important physiological discovery was made by its means, and so also many surgical and hygienic discoveries. A few illustrations to show this:

Circulation of the Blood. That the arteries contained blood and not air, was detected by GALEN in the year 150, by *actual experiment*. He ligated a vessel in two places, and opening it

between the two ligatures, showed by the escape of blood that the theory that the blood followed only after the escape of the air was erroneous.

Until the 16th century the blood circulated obstinately from the veins outward; even with the valves discovered it continued to run the wrong way, until HARVEY, by *vivisection*, established the true physiology of the circulation.

Respiration. The *first* point of importance established in the physiology of respiration was by Sir ROBERT BOYLE in 1670, who, by experimenting with the air-pump on *living animals*, showed that the presence of air was necessary to life. Next, by the same process, he established that the air breathed became vitiated, and PRIESTLY, continuing experimentation in a similar manner, demonstrated how vitiated air might be renewed, and he finally found that by allowing plants to grow in exposed air, it lost its vitiated character, thus establishing the law of reciprocity of animal and vegetable respiration. LAVOISIER, also, by experiments on living animals, demonstrated the important facts, that respiration acts only on the respiratory part of the atmosphere, and that carbonic acid is exhaled in the process of expiration.

All this knowledge regarding the physiology of respiration, so important to man, in regard not only to resuscitation of persons asphyxiated, but also in its general hygienic relations, was established by *experiments on the living body*.

Transfusion of blood, first practised in the 17th century *experimentally on animals*, has led to its successful adoption in man, and the saving of human life.

Digestion. It is remarkable that our first source of true, positive knowledge of digestion were experiments on a living man, ALEXIS ST. MARTIN, who, by accident, had received a gastric fistula. But shall we rely upon accidents for the discovery of most important facts in physiology?

Regarding the *nervous system*, all important discoveries were made by experimentations on animals. BELL and MAGENDIE, by *vivisection*, demonstrated motion to reside in the anterior, sensibility in the posterior spinal roots. The seventh pair of nerves was formerly divided for *tic douloureux*, until BELL, by *experiments on the living animal*, showed it to be entirely motor, and we now divide the fifth pair instead of the seventh.

One of the standing physiological jokes is the case of ALEXANDER WALKER, who, in opposition to BELL and MAGENDIE, insisted upon motor force residing in the posterior, and sensibility in the anterior spinal roots, years after the contrary had

no pain. Ordinary sensibility is localized, and been demonstrated. WALKER was much *opposed to vivisections*.

BELL is sometimes claimed as having been opposed to vivisections. But it is remarkable that of all the results of the physiological labors of this eminent man, none have stood the test of time, except those which were founded on experiments on the living body. All his finely-spun theories and surmises have not survived.

HUNTER's physiological experiments established the true mode of cure for aneurism.

S. W. MITCHELL's experiments on living animals have demonstrated the action of certain animal and vegetable poisons, and their antidotal relations.

Again, the *origin and prevention of parasitic diseases*. It was discovered by SIEBOLD and KUCHENMEISTER in 1840, that from eating pork containing the *cysticercus*, the *tape-worm* was developed in man. The identity of the human tape-worm and the *cysticercus* of the hog was demonstrated by *experiment*, thus giving us a most important and valuable fact of etiology.

Our knowledge of the disease caused by *trichine*, too, is founded on the experiments, mostly of German observers, upon living animals, and the clinical relations of *trichinosis* may yet become a very important and interesting field in pathology.

To sum up, we may say that *clinical observation and practice, without well founded physiology, are experiments upon the living body of man, instead of cure*. How futile, then, all objections to the only true method of studying and determining the vital functions, a knowledge of which is the only rational foundation of medical practice.

In giving this hasty and necessarily brief sketch of Professor DALTON's paper, we cannot but express the hope, that the claims of EXPERIMENTAL PHYSIOLOGY, which he so ably sets forth, will soon become recognized, not only by the profession at large, but particularly by the *Faculties of all Medical Schools in the United States*. It has become a necessity to the student in this matter-of-fact age, this era of positive science; and the following editorial remarks, published in this Journal, in an article on the same subject, in 1860, are as true now as they were then:

"The difference between teaching physiology didactically and experimentally, is just the difference between an engraving and the real form—between the photograph and the object itself. It is true, as modern art has succeeded in the stereoscope—a sort of artificial squinting-appara-

tus—in presenting planes in relief, so, by straining our mental eye to the necessary obliquity, we may imagine that we behold *reality* when we are merely looking at its shadow. This will do well enough when the former cannot be obtained. A man may roam by aid of stereoscopic delusions in an hour's time through sceneries and countries that would take him a year to travel through, and he will avoid being bored by dull waiters, the dangers of the sea, dusty rides, and other discomforts of a journey. But would any man call this travelling? It would be a strange fancy, indeed, if one should prefer reading a traveller's guide, however well written, to the journey itself, however tedious. * * * *

"There is nothing more certain than that with the demonstration before his eye, the pupil is enabled to understand any truth or fact in half the time, at least, than if he were forced to draw off from the didactic teaching, part of his attention to supply the want of the former by his imagination. We had been reading, and we had been 'read to' about the reflex action of the nervous system, for days and weeks didactically; but we really never understood the subject thoroughly, until we witnessed a few simple experiments of MARSHALL HALL, and then we understood in *ten minutes*, what we had previously attempted to learn in vain. So it is with *all* departments of physiology—from digestion to secretion, from excretion to generation.

"Another point must be taken into consideration, and one of no little importance. If experimental physiology is made the rule of medical teaching, the student will be less encumbered with untenable and mere speculative theories, because the teacher will be careful not to state what he cannot satisfactorily demonstrate by experiment. It is unfortunately but too often the case that in didactic teaching generalizations take flight so fast that facts cannot follow, and fortunate the pupil who has mental ballast sufficient to keep him down to the latter.

"It must be claimed for experimental physiology, that it is the only true method of teaching that branch, as it should be pre-eminently *demonstrative*; and further, that it will save time to the student, because it will obviate long explanations, which at best can elucidate the subject but approximately; and lastly, that it will purify physiological teaching from much rubbish and trash, because the experimental teacher will not state as facts what cannot be proven by the demonstrations of science."

THE "SOCIAL EVIL."

The subject of prostitution, in its relation to the propagation of venereal disease, and the question of police regulations to prevent both, has occasionally been discussed in the *REPORTER*. It is an important question, and hence we take pleasure in laying before our readers the commentary of the Committee of Arrangements of the *International Medical Congress*, to be held at Paris next year.

The Committee comments upon the following question:

"Is it possible to propose to the various governments any efficient measures to restrain the propagation of venereal disease?"

The Committee say:

"The rights of individual liberty impose upon the discussion of this question natural limits, which it cannot break. The solution of this problem will not be found in a new penalty, applicable to individuals who live under the common civil law. But, in another order of ideas, the examination of the following points will probably make room for fruitful conclusions.

"The relative influence of different kinds of prostitution upon the propagation of venereal diseases is but imperfectly known. At any rate, it is a question, the importance of which is not doubtful. If, indeed, positive documents of different experimentation demonstrate, that in this respect, there exist considerable differences between tolerated or regulated prostitution and clandestine prostitution, such precise results might become the starting-point of new administrative measures, which, justified in advance by scientific observation, would in themselves constitute a true progress.

"But, whatever may be the results of this inquiry, one fact is to-day already well established, namely, that the present surveillance of prostitution is insufficient, in the point of view of public health. A more efficient control is hence necessary, and it is proper to examine the best means of establishing it.

"It will be no less appropriate to investigate if any special measures can be applied to soldiers and sailors, for in all countries, these large congregations of men constitute *foci* of contagion, the exceptional power of which has been known for a long time.

"Such are the main questions which this important problem of public hygiene raise. If any rigorous conclusions are decided on, upon one or the other of these points, the deliberations of the Congress might serve as a basis of well-founded propositions, to be submitted to the examination of governments."

So far the Commentary of the Committee. In this country, with the exception of a few isolated instances during the recent war, where the military power assumed control and supervision over the social evil—and with good results in checking the spread of venereal contagion—prostitution has held unlimited sway in all our cities. But, in spite of our national aversion against even the best hygienic measures, if they interfere in the least with the exercise of the utmost personal liberty, it cannot be denied that in the government of our large cities, the tendency of municipal legislation is gradually drifting toward the extension of police and sanitary measures, and the restriction of indiscriminate individual freedom of action, if such action, especially in whole classes of the community, endangers public health and public morals. And really, this tendency is not one of which even the most enthusiastic advocate of democracy need be afraid. Whether efficient hygienic measures regarding prostitution, with the view of checking venereal propagation, will eventually be incorporated into the municipal regulations of our cities, will depend much on the scientific settlement of the questions involved. Hence we look forward, with no small degree of interest, to the answer which the Paris Congress will give, and hope that some of our American physicians, who have made a specialty of this question, will contribute the results of their investigations to a clear and thorough solution of this important problem.

TRICHINÆ.

We have received and examined a specimen of the *pectoralis major* of the body of a woman, a subject in the dissecting-room at the COLLEGE OF PHYSICIANS AND SURGEONS, in New York. Attention, as to the probable existence of trichinæ in the muscular tissue of the cadaver, was, we understand, first attracted by the excessive paleness of muscular substance, which is peculiarly characteristic in this instance. The *pectoralis major*, in this case, appears to have been the main seat of migratory selection of the parasite. This muscle is of a pale yellowish-pink, or white, entirely wanting the usual red appearance of muscular structure. It has undergone fatty degeneration. Where the subject came from, and what was the previous pathological and clinical history of the case, we are at present not able to say, but it is hoped that it will be traced. No efforts of the gentlemen who preside over the chairs of physiology and pathology in that school, will be wanting to this end. When discovered, the trichinæ were found to be in a state of vitality.

Correspondence.

DOMESTIC.

Dislocation of Humerus from Singular Cause—
Precocious Menstruation—Local Anæsthesia;
Inquiries.

EDITOR MEDICAL AND SURGICAL REPORTER:

A case of dislocation of the humerus, into the axilla, not long since came under my notice, which, as it was produced by a cause "not mentioned in the books," may be deemed worthy of a passing record.

A stout, healthy, muscular young man was adjusting the tackling upon his horse, when, upon raising his hand to the top of the horse's head to put on the bridle, the head of the humerus slipped into the axilla. There was nothing unusual in the motion made. It was just such as he had made many times before. Nor does he remember that there was any sudden jerking movement of the horse, which at all changed the position of his arm. The dislocation was easily reduced by the ordinary method.

Prof. Gross mentions having met with a single case in which this luxation happened from "inadvertently raising the arm above the level of the head." But the case I have mentioned above seems hardly to have been of that character. It occurred in the ordinary routine of daily labor, and was neither any more nor any less violent than the same movement had been before. Was it caused by "muscular contraction"? Or were the ligaments and muscles from some unknown cause, more than usually relaxed? Or was it the position and weight of the arm which carried the head of the bone downward from its position in the glenoid cavity?

An interesting case of *precocious menstruation* has recently come under my observation, in a French girl of seven years of age. Noticing something unusual about herself, and feeling no doubt somewhat of the peculiar shyness and modesty of girls at the usual age of puberty, she hid her drawers, which were soon found by her mother, containing the tokens of her womanhood. She has since menstruated regularly, and if she follows the example of many of her countrymen and women, she will be a mother long before she reaches her "teens."

Such cases are rare, and their rarity makes them more than usually interesting, as showing how rapidly some systems are brought to maturity and decay. Such precocity is rarely long lived. Life is compressed into a few years.

Will you, or some of your correspondents, give us more light on "local anæsthesia"? Does it answer expectations? Is it safe? Is its action never injurious to the part anæsthetized?

L. C. BUTLER, M. D.

Essex, Vt., Dec., 1866.

Remarkable Case of Premature Labor:
Embryoulcia.

EDITOR MEDICAL AND SURGICAL REPORTER:

August 16th, 1865.—Was called in a hurry, some miles into the country, to see a lady æt. twenty-five—mother of six children, dark complexion, quite healthy. Three days before at church, she had seen a young man in an epileptic fit, and had immediately fainted. Hemorrhage, to a moderate extent, came on soon after, and still continued—but without pain. On examination, found her enceinte about five months. The os uteri almost closed and quite firm. Hoping still to prevent miscarriage, the patient was directed to remain in the recumbent position; was placed upon a cold regimen, and used a variety of astringents, without arresting the slight hemorrhage, which continued without intermission until August 26th, just fourteen days from the time of her fright, when the liquor amnii was discharged without pain. Considering, of course, miscarriage now as unavoidable, ergot in doses of 5 grs. of the powder per hour, were prescribed, and 12 powders taken, exciting nausea and vomiting, *but no pain*—the os uteri still stationary. Borate of soda, in 20-gr. doses, alternating with various preparations of ergot, were continued till the 29th, without inducing labor pains, or making any change in the os. From the evening of the 27th, the discharge had become more and more offensive, and in the afternoon of the 29th, was excessively so, notwithstanding the greatest attention to cleanliness and the use of deodorizers about the room, and vaginal injections of solution of permanganate of potassa. Her breath was offensive, her whole person exhaled putrid effluvia—the pulse 120—cheeks flushed, tongue foul; dull head-ache, and in general, all appearances of septic fever. I determined to deliver it at once and proceeded as follows: Placing the patient on the left side, the left hand was introduced well lubricated, into the vagina, without difficulty, or pain, this organ, as well as the vulva, being quite relaxed.

The os uteri was found in the same condition as previously described; but, with care and perseverance, first one finger, then a second, was introduced without *exciting pain*, indeed, being scarcely felt—further the dilatation could not be

carried. The presentation was now discovered to be transverse; the head to the right, the breech to the left of the uterus: the presenting part being about the middle of the spine, and to the left of it. With much difficulty, one leg was brought down, the second could not be reached. Gradual increased traction was now resorted to, bringing the breech nearer the outlet, but *neither starting pains*, nor increasing the dilatation. At last, the coxo-pelvic and articulation gave way, and the limb separated. The second leg was now brought down, with the same result. The dismembered breech was all now that could be reached.

Introducing the fingers as before, I guided along the gutter of the two a strong pair of forceps, resembling slightly-curved polypus forceps, but near double their size in every direction, and with these the breech was grasped above the pubis and sacrum, and traction made. No force I deemed safe, effected the slightest dilatation or pain. I therefore crushed the part in the strong gripe of the forceps, shifted its position, and twisted away piece after piece of the trunk, and at last, the neck and two arms piece-meal, the head only remaining.

This was far too large to be embraced in the gripe of the forceps, to be crushed, and could not possibly have been made to pass whole. Fortunately, after some manipulation, I was able to bring one blade of the forceps into the foramen magnum, and thus crush the base of the skull, first on one, and then on the other side; then extract the bones piece-meal, and at last the empty scalp and soft parts. The cord was brought through the os with the abdominal parietes of the fœtus, and now formed a guide to the placenta, which was found firmly adherent. Deeming it needless to wait, as there was not the slightest contraction of the uterus, nor pain, I grasped the centre with the forceps, and again resorted to the twisting motion, by means of which it was gathered into a bunch, and partially detached; about the half of it was then brought away, the remainder, still partially attached, protruded somewhat through the os. Traction did not bring it further, and indeed, was not carried to any extent. I deemed it imprudent to push the protruding part back, for fear of losing a guide, and I determined to leave it, and rest for the present, as I was almost exhausted by my continuous efforts for over an hour. The patient was but little exhausted, and in excellent spirits. Nothing was prescribed, except a saline laxative and light nourishment.

Next morning, the piece of placenta protruded

somewhat further, and on gentle traction, came away. The patient had been somewhat restless during the night, but the laxative had operated twice. The tongue was cleaner, the pulse reduced in number, the offensive effluvia much less, no tenderness of abdomen, in fact a very great improvement manifest. Prescribed sulph. quinia, two grains every three hours, tinct. ferri chlor., twenty drops three times a day, with an occasional seidlitz powder and light nourishment. Vaginal injections of permang. potass. twice a day. Under this treatment, the patient so rapidly recovered, that, Sept. 5th, my visits were discontinued, the uterus remaining apparently in *statu quo*, but her general health excellent. There was no appearance of a fibrous tumor, or thickening of the uterine walls, but an absolute insensibility of this organ, and rigidity of its entire substance. She is now again seven months enceinte.

JOHN G. F. HOLSTON, A. M., M. D.
Zanesville, Ohio, Dec., 1866.

Inhalations of Lime-water in Croup. EDITOR MEDICAL AND SURGICAL REPORTER:

Some time ago, I noticed in your paper an account of the beneficial effects of inhalations of lime vapors in croup and diphtheria, and it occurred to me that lime-water might be more conveniently used for the same purpose, by employing RICHARDSON'S local anæsthetic instrument or spray distributor. I have tried this mode of treatment in several cases of croup, and found that the inhalations can be made very thoroughly with facility, and I believe that I have observed marked advantage derived thereby. I have also used the same means for the inhalation of the spray of water, and found my patients much relieved by it.

I understand that the membrane of croup and diphtheria is soluble in lime-water, and if a sufficient amount of that liquid can be inhaled to remove the membrane without causing any trouble, great will be the improvement in the treatment of these dangerous diseases: indeed, the danger of croup, at least, would be fully overcome. By calling the attention of the profession to this subject through your valuable paper, others will doubtless be led to try that mode of medication, and its value will be soon tested.

ALEXANDER J. C. SKENE, M. D.
Brooklyn, N. Y., Dec. 4th, 1866.

— IN the General Hospital at Vienna, three wards have been set apart for the practice of electro-therapeutics.

News and Miscellany.

Strange Cause for Suicide!

That suicides have been committed for much worse reasons than are given by the actor in the following case, is no justification for his committing the rash act. We trust that none of our readers will study the relationship so deeply as to tempt them to follow the example of the unfortunate Titusville man.

"Some time since, it was announced that a man at Titusville, Pennsylvania, committed suicide for the strange reason that he had discovered he was his own grandfather. Leaving a dying statement, explaining this singular circumstance, we will not attempt to unravel it, but give his explanation of the mixed-up condition of his kinsfolk in his own words. He says: 'I married a widow who had a grown-up daughter. My father visited our house very often, fell in love with my step-daughter, and married her. So my father became my son-in-law, and my step-daughter my mother, because she was my father's wife. Some time afterward, my wife had a son; he was my father's brother-in-law, and my uncle, for he was the brother of my step-mother. My father's wife—i. e., my step-daughter—had also a son; he was, of course, my brother, and in the meantime my grandchild, for he was the son of my daughter. My wife was my grandmother, because she was my mother's mother. I was my wife's husband and grandchild at the same time. And as the husband of a person's grandmother is his grandfather, I was my own grandfather.'"

Ague and Fever.

The *Journal de Medicine de Bruxelles* contains a letter from Dr. HANNON, professor of Botany in the University of Brussels, confirming the views recently promulgated by Dr. SALISBURY on the cryptogamic origin of marsh or intermittent fevers, but stating that the facts mentioned by the distinguished American physician had long been recognized in Belgium. "In 1843," says Dr. HANNON, "I studied at the University of Liege. Professor Charles Morsen had created in me such an enthusiasm in the study of the fresh water algæ, that the windows and mantelpiece of my chamber were encumbered with plates filled with *Vaucheria Ascillatoria* and *confervæ*. My preceptor said to me: 'Take care at the period of their fructification, for the spores of the algæ give intermittent fever. I have had it every time I have studied them too closely.' As I cultivated my algæ in pure water, and not in the water of the marsh where I had gathered them, I did not attach any importance to his remark. I suffered for my carelessness a month later, at the period of their fructification. I was taken with shivering; my teeth chattered; I had the fever, which lasted six weeks."

Army and Navy News.

NAVY.

List of changes in the Medical Corps of the Navy, during the week ending December 15, 1866.

Surgeon Wm. M. King detached from the U. S. S. Wachusett, and placed on sick leave.

Surgeon N. L. Bates detached from the Naval Laboratory, from January 15, 1867, and to be regarded as waiting orders.

Surgeon Edward S. Bogert detached from Naval Hospital, Norfolk, and ordered to duty at Naval Laboratory, New York.

Assistant Surgeon E. D. Martin detached from the Receiving Ship Constellation, at Philadelphia, and ordered to Naval Hospital, New York.

Asst't Surg. Frederick Krieker ordered to duty on board the Receiving Ship Constellation, at Philad.

Assistant Surgeon Adam Trau detached from Naval Asylum, Philadelphia, and ordered to Naval Hospital, Norfolk, Virginia.

Assistant Surgeons J. R. Tryon and Wm. H. Jones ordered to report on the 17th inst., for examination for promotion to Past Assistant Surgeons.

Acting Past Assistant Surgeon T. K. Chandler detached from Navy Yard, Washington, and ordered to U. S. S. Penobscot.

Acting Past Assistant Surgeon John E. Parsons, resignation accepted.

Acting Assistant Surgeon Reuben Smith detached from the U. S. S. Chicopee, and ordered to the U. S. S. Marblehead.

MARRIED.

BUGBEY—DAVIS.—At Athol, Mass., 29th ult., by Rev. J. F. Norton, Mr. Stephen E. Bugbey, of Springfield, Mass., and Miss Lois Anna Davis, daughter of Dr. K. Davis, of Athol.

DANA—HAYES.—Dec. 5, in Trinity Church, Boston, Mass., by Rt. Rev. Bishop Eastburn, Lieut. Com. Wm. H. Dana, U. S. N., and Sophie W., daughter of Dr. A. A. Hayes.

DUNHAM—CLARK.—In Chicago, Ill., 4th inst., by Prof. S. C. Bartlett, D. D., Benjamin Dunham, M. D., and Miss Lucy M. Clark, all of Chicago.

HORD—HARRIS.—Dec. 4th, near Lexington, Ky., Dr. Wm. T. Hord, Surgeon, U. S. N., and Ella V., daughter of the late Judge Arnold Harris.

ROBERTSON—ACWORTH.—By Rev. R. Whinna, at the Protestant Episcopal Church, Salisbury, Md., Nov. 22d, 1866, Wm. W. Robertson, M. D., and Miss Priscilla F. Acworth, all of Somerset co., Md.

DIED.

FANNING.—In Lewiston, Me., Dec. 6th, of pneumonia, Dr. I. Fanning, aged 69.

JOHNSON.—December 7th, at Cincinnati, Ohio, Dr. Isaac D. Johnson, aged 54 years and 9 months.

MILLER.—In Worcester, Mass., Dec. 11, Joseph C. Blanchard, only son of Dr. Seth P. Miller, aged 18 years and 8 months.

ANSWERS TO CORRESPONDENTS.

Dr. B. M., St. Aubert, Mo.—Headland is out of print.

METEOROLOGY.

December,	3,	4,	5,	6,	7,	8,	9,
Wind.....	N. W. Clear.	S. E. Cl'dy.	N. W. Clear.	S. E. Cl'dy.	N. W. Clear.	S. E. Cl'dy.	N. W. Clear.
Weather.....	Clear.		Rain.		Clear.		Rain.
Depth Rain....	6-10				4-10		
Thermometer.							
Minimum.....	21°	30°	31°	32°	32°	38°	34°
At 8 A. M.....	30	54	43	43	44	52	45
At 12 M.....	41	55	55	55	57	60	45
At 3 P. M.....	45	57	56	56	57	61	42
Mean.....	34.25	49.	46.25	46.50	47.50	52.75	41.50
Barometer.							
At 12 M.....	30.5	29.8	30.4	30.3	30.2	29.7	29.9

Germantown, Pa.

B. J. LEEDOM.

THE MEDICAL AND SURGICAL REPORTER.

No. 513.]

PHILADELPHIA, DECEMBER 29, 1866. [Vol. XV.—No. 26.

ORIGINAL DEPARTMENT.

Communications.

ON CONTAGION.

By D. A. MORSE, M. D.,

Of Alliance, Stark Co., Ohio.

In a review of ANSTIE'S "Notes on Epidemics," in No. 509 of the MEDICAL AND SURGICAL REPORTER, the remark is made, that "the time will come, after a few years, when the present 'epidemic of contagionism,' affecting European medical writers, (to whom American physicians still bow too readily,) has passed, in which a truly scientific induction upon the facts in regard to epidemics, will become possible; as now it is impossible."

In studying the history of epidemics, we cannot overlook the fact revealed by investigation, that to *contagion* is due the violence of some of the most terrible epidemics that have visited the earth; and the further this investigation is extended, the more certain does it become that this disposition manifested for contracting "epidemic contagionism," will become chronic, and resist all efforts directed toward its removal. While contagion has played so important a part in the great epidemics of the past, to contagion alone we cannot ascribe the results of all epidemics, but that other causes have been at work, we will admit. The word epidemic, as often applied, signifies only that there has been a large number of cases of a certain disease, said to be epidemic. Thus, during the war, a paper, originating from the Surgeon-General's office, declared that measles had been epidemic. Now, no one reading this, would understand it to assert anything further than that there had been a great many cases of measles. For however the first cases may have originated, the disease was propagated only by contagion. In applying the word, it should be made to include all cases resulting from a poison derived from a patient, and communicated either by direct contact, or through the air. In either case, there is contact with the poison; and only poisons that are volatile can be conveyed by

the atmosphere. In making a division of the cases into contagious and infectious, we follow this unconsciously, and call those contagious diseases, the poisons of which are not volatile. The poison of small-pox is volatile, while that of syphilis is not; hence to contract syphilis, you come in contact with the person bearing the poison, or do not come in contact with the poison. There is no division or distinction of the kind necessary to be made. An infectious being a contagious disease. This application of the term is made by LA ROCHE, in his work upon yellow fever, and seems to be the most rational.

All contagious diseases are not governed by the same laws, do not possess the same characteristics and general features. This is the stumbling-block over which so many fall in attempting to reconcile the various theories relating to the origin of cholera, with those of a disease known to be contagious. They take some isolated property of the virus, and because it is not possessed by the virus of some other disease, they declare that it cannot be contagious. Thus, many say cholera cannot be inoculated, while small-pox may be inoculated, and conclude at once, that therefore cholera is not contagious. Many writers give as a reason why variella and variola should be regarded as distinct diseases, that while the one can be inoculated, the other cannot. Repeated inoculations with the virus of chicken-pox produces no disease; yet no one would assert that the disease is not contagious. The learned and eminent TROUSSEAU says, in his clinic upon scarlatina, that we have many contagious diseases that we have not yet succeeded in inoculating, probably because not inoculable.

Again, they will assert a disease to be propagated by some mysterious influence, because it shows strange freaks, as following along one side of a street, or one row of barracks, leaving adjacent ones untouched. To my mind, there is no stronger proof of the contagious nature of cholera that can be given. Every contagious disease exhibits the same characteristics to a greater or less extent. In the spring of 1863, measles appeared in the quarters of one company of the 124th O. V. I., at Franklin, Tenn. A private, arriving from Nashville, was attacked, and

infected the quarters. The whole regiment was lying by this company, and the next company was but a few feet distant. While several cases appeared in the quarters of the infected company, no cases appeared in any other.

I have known small-pox to attack hundreds in succession, in one row of barracks in the prisons at Camp Chase, while certain buildings in the row, and other rows, were never known to contain a case. In the fall of 1864, a great many were sent to the pest-house from one row in Prison No. 2, Camp Chase, while from the buildings but a few feet to the rear, none were sent. I do not think the men were exposed. The men avoid barracks or tents known to contain contagious diseases.

During the past season, small-pox made its appearance in a tenant-house in this place, containing thirty-five persons. The disease was diagnosed chicken-pox by the attending physician. The cases were not only well marked then, *but continue to be to the present time*. It was impossible to account for its appearance, the patients stoutly denying any assertion that they had been exposed; but "murder will out," and several months after its appearance was announced, it was discovered that the first person attacked had been exposed two weeks previous to her illness, while absent from home. There was a large number of cases, and every freak ascribed to cholera manifested. The house of Matthew Whitacre, situated on one side of a street, was invaded, while four houses on the other, containing children unprotected by vaccination, escaped.

Two months after all cases had disappeared, an isolated case appeared in another part of the town. The man was confined to one room of his house, and no other cases appeared, though part of his family had never been vaccinated.

It has been asserted that cholera is not contagious, simply because the cabin passengers of the "Atalanta" were not attacked, while those below were affected. Had the disease been small-pox, I would never have anticipated any other result.

Persons having small-pox, if confined to one room of a house, do not infect the whole house. This has been attested in a large number of cases. Why should the same not apply to cholera?

Again it is remarked, cholera always makes its appearance first among the crowded parts of a city. Does not every one know, that when a ship-load of cholera-infected emigrants are landed, that it is in those parts of a city they seek a lodging-place? Do they go to the wealthy and aristocratic portions of the city?

It does not follow as a consequence that because a city in Europe is infected that every man leaving the city is infected. It does not follow that because a man asserts that no affected have ever visited certain parts of a city that they have not done so. Who can say of the thousands passing through New York that they are not infected.

The history of disease in our smaller towns affords more reliable proofs.

That which may be said of cholera is true of all contagious diseases.

Every possible cause has been ascribed for the origin of cholera. All of these causes were in operation during the war. Why was not cholera generated at Andersonville? Will any one dispute the assertion, that if one case had been carried there, hundreds more would have followed; and that none appeared because no cases were brought there.

There is as great a diversity of opinion upon the contagious nature of typhus and typhoid fevers as upon cholera. There is no want of proof to establish the truth of the assertion that they are contagious. The history of Bellevue Hospital is sufficient alone to establish this point.

Dr. LOMBARD, of Geneva, says there is no doubt of the contagious nature of the continued fevers of Europe—"there are undeniable proofs of its transmission by contagion"—but says that it is much more contagious in the British Isles than in France or other parts of Europe. There is as great a diversity of opinion concerning many important features, as diarrhoea, etc. Thus, Dr. LOMBARD asserts diarrhoea to be much less frequent both before and during typhus fever in Great Britain, than it is in either Paris or Geneva (see MED. & SURG. REPORTER, vol. x., page 223). Dr. MURCHISON, in his work on Continued Fevers, states that diarrhoea is rare in typhus, and common in typhoid; that it occurred in 15 out of 144 cases. DA COSTA says diarrhoea is not so rare in his experience, having occurred in 13 out of 31 cases. He asserts that typhus is without doubt contagious. He says also that he has never known typhus and typhoid cases to come from the same house. Of the disease as it appeared at the Philadelphia Hospital, in 1863, he says: "The slight epidemic, or more properly endemic, that we have had, has been a very fatal one. The patients were almost all of them drunkards. This, in part, accounts for the terrible mortality; one half of the cases perishing. Although the patients were put in wards by themselves, to prevent its spreading, yet one of their nurses contracted the disease and died.

This is alone proof enough of the contagiousness of this fever to cause the isolation of all such cases." He does not believe typhus to be indigenous to the United States.

The fact that a disease causes greater mortality some years than others, does not prove, if it be a contagious disease, that it was not propagated these years by contagion. Circumstances may favor the development of the disease. If a high dew point favors the spread of cholera, it does not follow as a consequence that it does not spread by contagion. The high dew point, or other circumstances that may thus aid its development, do not generate the disease, when the presence of the specific virus is not shown. Will any one question that the great epidemics of small-pox visiting London were only instances of a great increase of deaths resulting from exposure to the disease; and that to whatever extent the disease was propagated, it was propagated by contagion. It is asserted of cholera that its coming is announced by wide-spread bowel complaints, colicky pains, etc. From an extensive investigation of this subject, I do not believe the assertion to be correct. Each year there is a great increase of bowel trouble noticed soon after the introduction of indigestible food to our markets. Every year there is a great increase in the months of July and August over those of May and June. Some places are ravaged more than others by diarrhoea, and should cholera reach them, no doubt the previous bowel complaints would be ascribed to the influence of an epidemic. While one city may be ravaged this year, another year it may be free from bowel complaints.

I have already drawn my article to a great length, and will close. I desire to continue the investigation of the subject, and will in due time make known the results.

— THE ATMOMOGRAPH, an apparatus invented by Dr. SANDERSON, for observing and recording the respiratory movements, consists of a disc-shaped bag of thin India rubber, the opposite sides of which have cemented to them two horizontal brass plates. The lower of these plates is glued to a board, and the upper is supported by a horizontal brass lever, against which two small springs act in opposite directions, also keeping the sides of the bag in position. The lever is attached to another, which bears a pencil at its extremity, by which the movements of the lever are traced on a revolving cylinder. A T-shaped tube communicates with the interior of the bag, the patient breathing through the horizontal bar. The changes of tension of the air in the bag, and their velocity, are recorded by the lever on the cylinder. The relative duration and intensity of the respiratory acts are thus registered, and an approximate estimate may be made of the amount of air breathed.

PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS OF THE TRUNKAL MUSCLES, WITH THE THERAPEUTIC INDICATIONS INVOLVED.

By E. P. BANNING, M. D.,

Of New York.

(Continued from p. 515.)

Of Abdominal and Spinal Support in Menorrhagia.

In habitual, profuse menstruation, the rational indications for resorting to good abdominal and spinal support, in connection with other remedies, are much more clear at a superficial glance, viz., there is usually evident general muscular debility; the viscera are nearly always more or less unpacked, and located unduly in the hypogastrium. There are also pretty uniform symptoms of some degree of prolapsus, or an unstable position of the uterus; and under the slightest effort, or even the quiet vertical position of the body, a pressure will be momentarily or permanently brought unduly to bear upon the uterus and Fallopian tubes, at a time when the most insignificant influence can act as an irritant or excitant to the enervated and excitable nerves, vessels, and capillaries concerned. Hence, in such cases, even the slightest movement so often causes a flood, and more particularly, any hurry, undue effort, or hasty step from a stair or carriage, will often keep the convalescing patient under a perpetual drain, and so prevent a full recovery of local and general tone.

In such cases, a wisely constructed support, firstly, braces and strengthens the back, which in all such cases is ever the vulnerable part; secondly, it protects the weak and irritable uterus from permanent or sudden encroachments, and leaves it and its appendages in a state of physical quiet, by elevating and maintaining the viscera away from them. Thus it gives medicine time, and the vis medicatrix an opportunity to culminate their creative efforts; thirdly, it enables the patient to exercise, and to secure the tonic and vitalizing influence of air, friends, and society, as it acts as a *brake* and a protection against muscular strains and visceral undulations. When we contrast the prospects of menorrhagic women thus protected, with that of those who, in lieu of being girded up and bound together, are allowed to drag their slow length about, or are confined to the bed, (merely from constant fear of exciting a flood,) we could wish to be eloquent, that we might induce, not a change of treatment particularly, but an additional treatment, in the form of protecting and quieting support, whereby nature and means may be made eligible to the full ex-

ercise of their plenary powers. On this point, the writer has several times been made happy, when called in consultation where "life was trembling in the balance," by seeing the scales evidently turned by the application of a firm and steady elevating support to the flabby abdomen. (But this must not be in the form of a *compressing bandage*, which, on a lady of ordinary form, must usually exert rather a downward, than an upward action.) And yet, probably not one in one thousand of these cases will come under this quieting and benign influence, but will be left for tonics, astringents, and the recumbent posture, to work out the result.

Case 1. — —, of Crawford county, Pennsylvania, married, aged about 40, and the mother of a large family, had for many years been the subject of the most depleting menstruations, which in later years usually terminated in uterine hæmorrhages, which often threatened immediate dissolution. On one of these occasions, I was summoned hastily to her bedside, and found that nothing but frequent syncope held death in arrest. As I then knew of nothing better, I administered a full dose of ergot, and afterward a pulv. ipecac. comp. I enforced the most positive quiet, ordering her to lie with her hips elevated higher than her head. Ice was introduced into the vagina, and laid upon the abdomen. In about three weeks, the lady was sufficiently recovered to prepare for another attack. She said, "sometimes I do not get up before another turn comes, and if I step carelessly out of the carriage, I bring it on at any time." On one occasion, she was so nearly exsanguined, as to render respiration unapparent for hours.

Finding the ordinary treatments of little or no service, (certainly none in diminishing the frequency of the attacks,) and seeing the patient likely to pass away suddenly, I sat, on one occasion, and supported the abdomen with my hand for some time, and had the pleasure of finding the pulse rising, and color returning to the lips, without an increase of the hæmorrhage. On this hint, I applied the abdominal and spinal shoulder-brace.

The sequel of this experiment was, that in a few days, I met the lady at church, when she informed me, that as her husband wanted the farm horses to rest, she had walked to church, a distance of three miles. In a few months she came to be a healthy and florid woman, and since the application of the support, which she wore habitually, had not experienced a single recurrence of the hæmorrhage. Now, when we consider the comforting and quieting action of this support

upon the weak, excitable tissues concerned, need there be any mystery connected with this result? To say the least, is it not the part of *reason and prudence*, to resort to a remedy so innocent, agreeable, and convenient, as an auxiliary, and as a basis for treatment?

Case 2. Married; aged 25; mother of two children; never fully recovered after the birth of the second child. She informed me that she never experienced any "*alarming*" attacks of menstruation, or hemorrhage, but was almost steadily under the drain. Sometimes there was no interval, between the periods. "Had not vitality sufficient for conception, or for satisfaction in connection." Skin was pale, and expression anxious, as though struggling under a burden. Back very weak, and feet cold; had general sense of weight and weakness in the lower abdomen and pelvis, with leucorrhea. Memory, spirits, and digestive powers all suffered, as is usual in uterine obliquities and weaknesses. As this lady had long been the subject of the various treatments, I deemed it time and money wasted to "follow suit," and disposed of the case, without a single prescription or suggestion, save the careful application of a generous support to the chest, spine, and abdomen, telling her simply, to "act natural" and with common sense and prudence. The result in this case, as in hundreds of others, was, that it passed quietly and rapidly out of my hands before I could make a bill of even respectable length.

Of Abdominal and Spinal Support in Suppressed and Obstructed Menstruation.

Concerning this class of cases, I would briefly say, that comparing their symptoms, with those heretofore considered, which resulted from muscular laxity, and an unsupported and unprotected state of the spine and the abdominal and pelvic viscera, I long since determined to make trial of the application of that principle of mechanical support which had done so much in the last mentioned cases. This I was the more disposed to do, from noticing the questionable results of the *forcing treatment* upon young and susceptible systems, which, while it establishes one function, often seriously unsettles another. Consequently, I entered upon systematical experiments in such cases, by such mechanical support as expands the chest, improves respiration, supports and rests the spinal column, rests all the trunkal muscles, and supports and protects the abdominal and pelvic viscera. This I have done, both by the support alone, and in connection with constitutional treatment, with results so satisfactory, and in some instances, so remarkable, that I now regard no unsuccessful case as fully treated, until ab-

dominal and spinal support has been brought to bear upon it; and I feel morally certain that in most cases of either retarded or suspended menses, where there are appearances of physical delicacy, the supporter alone, applied early, would prove to be all that is required.

Case 1. Aged 15, never had menstruated; was tall and slender; temperament *nervo-lymphatic*; for a year had been languid and sluggish, could not sleep nights. Every indication that she was suffering from retention of the menses, which should have appeared over a year previously, was present. She had been the subject of much treatment by skilful practitioners. I found her to be a fast growing, and prematurely developed girl, without the vital force to establish the catamenia, and in scrutinizing her sensations, discovered her back to be weak, with much aching in the sacral and dorso-lumbar regions particularly. On standing and walking, she also complained of uneasy feelings in the region of the round and broad ligaments. Had some leucorrhœa; feet were cold; and limbs "achy." In this case, abdominal and spinal support was applied. 1st, because it was indicated as a *relief* to her uneasy sensations, and as a support. 2d, because I knew not what else to do, inasmuch as every vigorous internal treatment had already been administered. The first object in the application was fully realized, nearly immediately, and in a few days the catamenia appeared, which fact was soon after followed by a complete change in every department of her health.

Case 2. Aged 20; had for six months suffered in the usual way from suspended menstruation, and had had the benefit of regular treatment, without success. This case was brought to me, not for *treatment*, but for the application of the abdominal and spinal support, as a rest to the spine, abdomen, and hips generally, where the suffering very closely resembled that which is attendant upon prolapsus. Accordingly the instrument was applied firmly for the above temporary benefits. These benefits were realized, with great promptness, and were soon followed by the re-establishment of the menses, with all the general improvement in health, which usually follows such a change. A citation of similar cases with like results, might be made at great length. In conclusion upon this point, I only add, that I have not designed to recommend mechanical support as an infallible remedy in the various affections of the uterus, but to invite the attention of the profession to the great fact, that in every physical and functional depravity of that organ, a wise mechanical support may usually be resort-

ed to with benefit, using it either alone, or as an auxiliary.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
November 10, 1866.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Syphilitic Ulcer.

Sarah G., æt. 32. She says she has been troubled with sores on her leg for a year. There is an ulcer occupying the outside of the limb, presenting some granulations, and a good deal of aplastic matter spread over the granulations. She never had a burn or scald there. It is very seldom that an ordinary ulcer is met with in this situation; it is usually found on the inside, rather than the outside of the leg. She states that she has never had sore throat, nor soreness about the scalp, but that she has had a disagreeable smell and a gathering in the nose. She has no pain at night, appetite is good, and bowels regular.

The ulcer is probably of a specific character. The object of treatment should be to modify the inflammation, so as to bring about healthy granulation and cicatrization.

She was ordered to take five grains of blue mass, five of compound extract of colocynth, and one of ipecacuanha, every other night, and six grains of the iodide of sodium, with one-tenth of a grain of corrosive sublimate, three times a day. The limb should be wrapped up, for the next week, in sugar of lead and opium.

The physician cannot be too careful in his inquiries as to the exciting cause of these ulcers. Every important structure and organ of the body must be interrogated, and its well being inquired into.

Carcinomatous Tumor on the Arm.

Mrs. P., æt. 32. There is a tumor occupying a situation a little internal to the brachial artery of the right arm, of about one year's duration. There is also a tumor in the corresponding axilla, not quite so large as this. She complains of pain in the tumor, generally toward night, sometimes preventing her from sleeping.

The tumor feels very hard. It is preternaturally warm. There is a little discoloration at one point; no tendency to ulceration. It feels very firm, like a fibroid mass or a lymphatic enlargement. If it were a fibroid tumor, it would not have acquired such a size in so short a time, and it is in a very uncommon situation for a fibroid tumor, properly so called. It is probably an enlargement and induration of the lymphatic ganglions of the part.

The patient was placed under the influence of chloroform, and the tumor removed. It was found to overlap in part the brachial artery, to have contracted firm adhesions to the surrounding parts, and to be bound down by the tendon of the biceps flexor cubiti. It was very deep-seated, extending down to the bone. The inter-

nal cutaneous nerve lay immediately in front of the tumor, and was turned aside.

An examination of the morbid mass showed it to be, beyond all question, a series of lymphatic ganglions in a state of disease. Its appearance led to the belief that there was something more than ordinary lymphatic degeneration present; that probably it is malignant. It will be subjected to microscopic examination. The tumor in the axilla was not interfered with.

As the woman's general health is evidently not good, she will be placed on the use of iron and quinine, and nutritious diet.

Nov. 14th.

Mrs. P. The tumor removed from this patient at the last clinic, which was interesting from its situation, structure, and complication with a tumor of a similar character in the axilla, has been examined microscopically, and cells found in it, of a carcinomatous character.

The greater portion of the wound has united by the first intention. She is suffering from erysipelas. The arm is swollen, not so much at the seat of the wound as below, over the elbow and the upper portion of the forearm, the inflammation extending down to the dorsal surface of the hand. The part pits on pressure. It is well marked, but superficial erysipelas. Tongue not much coated; appetite not very good; bowels constipated; sleepless last night, on account of pain in the limb. There is some matter discharged from the wound, of an unhealthy character, thin and rather sanious.

A solution of acetate of lead and opium was directed to be applied to the part, and every six hours four grains of quinia, and every alternate six hours twenty drops of the tincture of the chloride of iron, to be administered: at bed-time, one-third of a grain of morphia. A good nutritious diet was enjoined.

Incomplete Fracture of the Clavicle.

Jas. L., æt. 6. Last Sunday evening this boy fractured his right clavicle. It is hardly noticeable. There is no displacement, but there is distinct crepitation, the best sign of the existence of a fracture. He can carry his right hand to the top of his head.

The fracture here is evidently incomplete, that is to say, the probability is, that the periosteum maintains the ends in contact; the bone itself is broken completely across, but the separation of the fragments is prevented by the integrity of the periosteum. If the latter had been completely lacerated at the seat of fracture, the shoulder would droop, and the patient would have been obliged to support the elbow with the opposite hand, and to incline the head and trunk to the injured side, and would not, it is probable, be able to lift his right hand to his head so well as he now does.

Fracture of the clavicle is usually produced by a fall, or blow, or kick. In children, the accident frequently occurs from tumbling out of bed, or down a flight of stairs.

The case was treated by placing the hand of the injured side upon the opposite shoulder, the arm being carried in, so as to rest upon the antero-lateral portion of the chest, while the fore-

arm extends across the front of the chest. To confine them in this position, adhesive strips, one and a half inches in width, were employed to confine the arm to the side of the chest, and to make an immovable sling.

This dressing may remain on for the next sixteen or eighteen days, by which time the consolidation will be completed. If the skin should become chafed, or the plaster disarranged, it is easy to effect substitution. The only objection to this dressing is, that it occasionally irritates the skin, especially in warm weather. But this can always be remedied by changing the dressing from time to time.

Medical Societies.

PROCEEDINGS OF THE NEW YORK ACADEMY OF MEDICINE.

Nov. 21, 1866. Dr. James Anderson, Pres't.

Discussion on Chronic Metritis.

By PROFS. BUDD, BARKER, AND PEASLEE.

Reported by E. S. Belden, Student of Medicine.

(Continued from p. 519.)

At a meeting held December 5th, the subject of chronic metritis was continued.

Dr. KEMERER remarked, that in the course of the last discussion the question arose whether there really was such a thing as chronic metritis. He proposed to enter the subject, and if possible, clear up the cause of this difference. It was to be remarked in the first place that pathological anatomy and clinical experience do not agree, because pathological anatomy is far ahead of clinical observation. This brings us back to the question, *what is inflammation?*—A change in tissue characterized by change of nutrition and effusion. Mere hyperæmia is not inflammation; else the uterus would be inflamed every four weeks. Nor is irritation inflammation. Retardation and finally complete stagnation of the capillary circulation and exudation are the essential elements of the inflammatory process. (VIRCHOW.) Now are there any changes which show these elements in the so-called chronic metritis?

There is no doubt about peri-metritis and endometritis. But about metritis, inflammation of the body of the womb, we must speak with some reserve. French authors speak of its existence as certain. The uterus is described as larger, more circular, etc., but these cases are rare. One of the best writers on pathological anatomy, of the Vienna School, a few years ago published a work on the pathology of the sexual organs, based upon thousands of post-mortem examinations, and he says that in the course of his researches he has been unable to meet a single case where the body of the uterus was the seat of genuine inflammation. All the changes observed were such as induration, etc., results of chronic hyperæmia.

What does clinical observation mean by chronic metritis? A patient presents herself with certain symptoms, such as amenorrhœa, dysmenor-

rhea, etc., etc. Then on examination with the speculum, the physician finds abrasion, ulcers, indurations about the os and cervix; he examines by double palpation, finally introduces a sound and finds the cavity of the uterus deeper and wider, the uterus enlarged, and its walls thickened, if the abdominal parietes permit an accurate examination. But of all these symptoms he held that the only reliable symptom on which the practitioner rests his opinion is the enlargement.

A tender uterus is not an attribute of inflammation. In his opinion the pain ascribed to the uterus generally proceeds either from the ovaries or from the peritoneum. Moreover, there is in females a certain condition of hyperæsthesia, which must not be confounded with inflammation. The only objective symptom left, as stated, is the *enlargement*.

Now pathological anatomy recognizes only two forms of enlargement; *genuine hypertrophy*, where both the muscular fibres and the other constituents of the organ are increased in normal proportions. This is no disease—only a quantitative anomaly; the *second* form results from *engorgement*—chronic induration, which has been spoken of as chronic metritis. This is something different. The muscular fibres undergo a change, they are partly destroyed, so also the capillaries, with an increase of the connective tissue; the muscular fibre frequently undergoes fatty degeneration. All this, however, is not inflammation, but the result of a long continued congestion or hyperæmia. This hyperæmia takes place in sexual intercourse, in difficult menstruation, in gestation, and from mechanical congestion in consequence of mal-positions, such as reflection, retroversion, etc., and also in various constitutional diseases, such as tuberculosis.

When we come to ask how shall we treat this hypertrophy, or if you may so call it "chronic metritis," the answer is at once, that the main thing to treat is the *complications*. All writers agree that hypertrophy is hardly ever found without hypersecretion. It not infrequently happens that we have also to treat the residues of peritoneal inflammation. For, how often is the posterior wall found adherent, the result of a chronic peritonitis. Remove, then, all peritoneal irritation, and one of the best remedial agents for this purpose is the tepid bath.

As far as accompanying *endo-metritis* is concerned, the *first rule* is that the canal be kept freely open, by means of the sponge tent, the laminaria tent, or bougies. The orifice should be dilated fully. When all secretions can escape, it is often sufficient to give the patient much relief. The escape of the secreted fluid relieves the patient and the mucous membrane. Of local applications the speaker had generally used them in a fluid form, and of all those used, he had found none better than the *pyroligneous acid*, (MEYER, of Berlin); there is no danger in injecting it; also carbolic acid in concentrated solution. When these applications, however, are used, there must be no peritoneal irritation or subacute inflammation.

Regarding hypertrophy of the substance of the womb, Dr. K. did not know what to do. Remove the cause, if possible. A moderately hypertrophied uterus is to be left alone. Only if it simu-

lates prolapsus, partial amputation may become necessary, by means of the *écraseur* or the electric cautery. But how the body of the uterus in this condition was applicable to surgical means, he did not know.

Dr. PEASLEE, in his observations, reiterated the main point of his remarks at the previous meeting. He agreed with the preceding speaker, that the mistake was constantly made of confounding the results of inflammation with inflammation itself. We find these cases in which certain symptoms are assumed to indicate inflammation, to be cases of engorgement and congestion, and not of chronic metritis.

The cervix uteri was universally spoken of as a distinct organ. Physiologically and pathologically, they were to a *certain extent* distinct, but not in that degree that is often believed. (The speaker here described the embryotic development of the uterus, showing that the body is not formed separately from the neck, but that the two lateral halves of the whole uterus, body and neck, are developed separately, and coalesce with advancing development, according to the general law of embryotic growth.) Histologically, too, the same tissues are found in the cervix as in the body of the organ, only somewhat differently arranged; and anatomically we find that the body and cervix of the uterus are connected by direct continuity of muscular fibre. The main distinction is physiological, although they are both parts of the same canal. The office of the cervix is to retain the contents of the uterus until the normal period for their escape; it is simply the *sphincter* of the uterus.

How far are they distinct pathologically? We may have external cervicitis without endo-metritis, but you cannot have endo-cervicitis without endo-metritis. The neck of the womb is supplied by the same arteries and nerves as the body. And if they are so distinct, as is claimed, why treat inflammation of the womb by topical applications to the neck? Inflammation of the full uterus not unfrequently results from injury to the neck, for instance, in young married women. The abuse of sponge tents, too, has produced it. He would repeat, that the surest way to affect the body, in hyperæmia, congestion, or inflammation, was by applications to the neck. The connection is so direct, that if we cannot affect it in that way we might as well give it up. The great curative means, however, with local applications, were time, and such remedies as chromide of potassium, bichloride of mercury, etc.

— CHOLERA AND CONTAGION.—In noticing a pamphlet of Dr. E. HEARNE, of Southampton, on the non-contagious nature of cholera, the editor of the *Brit. Med. Journal* quotes the following:

"M. GRIMAND relates that during the late epidemic at Marseilles, there were employed at the post-office twenty-two persons in the bureau for dispatching, and nine in the bureau for receiving letters. Amongst the former there was no sickness at all, whilst amongst the latter there were eight persons sick, and one death. He whose business it was to open letters from the east, was attacked with cholera; four others engaged in the same business were attacked one after the other."

EDITORIAL DEPARTMENT.

Periscope.

Concealed Uterine Hæmorrhage during Pregnancy.

Two cases of this kind were reported (*British Med. Journal*) at a recent meeting of the Obstetrical Society of London, one by Mr. MITCHELL, the other by Mr. DUNN.

In the former case, the patient, in the ninth month of gestation, was, early one morning, awakened by a most unusually violent and protracted spasm in the abdomen, so severe that she became alarmed. This pain was followed by a discharge of blood from the vagina, which, although not very great, continued more or less up to the time of the birth of a still-born child. She never rallied, and died shortly after delivery. A large firm clot, the size of a child's head, had passed from the uterus just before death. Mr. MITCHELL considered it as one of those very rare cases where the placenta was suddenly, and, no doubt, entirely cast from the uterus, by the violent spasm of that organ.

In the second case, the patient, suffering from severe cold, experienced while in bed, after a violent fit of coughing, strange and unusual sensations about her womb, and became faint. From this she recovered, and remained well for three or four days. On being seen by a physician, she was cold, exhausted, and faint, with a weak and feeble pulse. She rallied, but was seized with labor a few hours later. The liquor amnii escaped early, and with it a large clot of blood. She became faint, and complained of the want of breath. The os uteri being dilated to only the size of half a crown, and the pains inefficient; stimulants, beef-tea, and ergot were administered, and Dr. ROBERT LEE's opinion was sought. The patient, however, got rapidly weaker, and expired before the consultation had concluded. The post-mortem inspection revealed a child of eight months lying in the normal position in the womb. The placenta was found to be completely detached and quite loose, resting upon a large mass of coagulated blood, not less than a quart, in the fundus of the uterus.

An additional case was related by Dr. GREENHALGH. The patient, between thirty and forty years of age, mother of many children, had reached the end of the eighth month of pregnancy. Dr. G. found her blanched, cold, almost pulseless, without the slightest evidence of uterine action. Stimulants, etc., were given freely without signs of rallying. Eight ounces of blood were transfused, after which she expired. Although no time was lost in performing the Cæarean section, a dead child was extracted. The circumference of the placenta was adherent, except about two inches of its upper part, through which a portion of clot was protruding. Nearly the whole of the centre of the placenta was detached, and between it and the uterus was a large coagulum, weighing from one and a half to two

pounds. The uterus was remarkably blanched and flaccid.

Still another similar case by Dr. BRUNTON. Patient collapsed and nearly pulseless about the full period of gestation. No labor pains, but one continuous pain, of an intense stretching character. Os uteri dilated to the size of a florin, membranes tensely stretched, as during labor pain, but there was no relaxation of them, as in the interval between true labor pains. No discharge of blood at all, until the membranes were ruptured, and then an immense gush of bloody fluid came away, rapidly followed by the head and body of the child, and then came three large clots of blood, each as large as a child's head, the placenta was healthy, and cup-shaped on the uterine surface, caused doubtless by pressure of retained blood. Patient recovered. Dr. BRUNTON maintained that the chief diagnostic symptoms of accidental concealed hæmorrhage were: 1, the sudden collapse and fainting, with continuance of this state; and 2, the intense, continuous, stretching pain, and the tense state of the membranes, also continuous.

On a New Mode of Treating Epithelial Cancer of the Cervix Uteri and its Cavity.

This paper, read before the London Obstetrical society, (*Brit. Med. Jour.*) by Dr. C. H. F. ROUTH, is based upon two cases, under his care at the Samaritan Hospital.

In the *first* the patient was thin, pale, and haggard, losing blood continually. There was a mass of fungoid epithelial growths, taking their origin from the os uteri, and of about the size of an egg. The actual cautery was used to check the bleeding, and after the slough had come away, a solution of bromine, five minims to fifty of spirits of wine, was used. A piece of lint, the anterior surface of which was well saturated with the solution, was applied to the uterine diseased surface, and kept *in situ* by pledgets of lint. After 48 hours it was removed, and the part dressed at night with a poultice of lint dipped in warm water, and during the day warm douches were applied. In about a week, a slough came away and left a large healthy granulating surface. Tannin with glycerine was applied, and used daily. The patient also took internally the iodide of arsenic with extract of conium. After a period of ten weeks, she was fat, hearty and well, but as she occasionally lost a drop of blood, the internal surface of the uterus was carefully examined, and about a quarter of its lining membrane found affected with epithelioma. She left the hospital for some weeks, and on being re-admitted, a piece of wood about the size of the uterine cavity was prepared and covered with cotton; the upper part was dipped in a saturated solution of carbonate of soda, the lower in the bromine solution, and it was passed up and left within the uterus. Two or three further applications of bromine with glycerine were necessary, and the patient left the hospital with a moveable healthy uterus.

In the *second* case there was a large carcinomatous mass, of about the size of an orange, attached

to the os, which appeared to be large cauliflower excrescences, breaking down readily and bleeding at the slightest touch. On June 20th, the mass was removed by the wire *écraseur*, and a few days afterward, the spirituous solution of bromine was applied. She took internally the iodide of arsenic, and conium, and was treated in the same manner as the first case. She left with a moveable uterus covered with healthy mucous membrane, and looking herself fat and healthy.

In concluding his remarks, Dr. R. drew attention to the care necessary in mixing the bromine with the spirits, which should be done very gradually to avoid an explosion.

In the discussion of this subject, Dr. WYNN WILLIAMS remarked that he had applied solutions of bromine in varying degrees of strength in cancerous growths where there had been any breach of surface, for some nine or ten years; and, for the last two or three years, to this disease, when attacking the uterus, with the effect of destroying the cancerous mass, and causing its removal by sloughing. He considered the beneficial effects of bromine as not confined to its corrosive or escharotic action only, but it acted also as a most powerful disinfectant, its good effects in this way being of very great service.

Reviews and Book Notices.

A Treatise on the Practice of Medicine. By GEORGE B. WOOD, M. D., LL. D.; President of the American Philosophical Society; President of the College of Physicians of Philadelphia; Emeritus Professor of Theory and Practice of Medicine in the University of Pennsylvania; Late one of the Physicians of the Pennsylvania Hospital; one of the Authors of the Dispensatory of the United States of America, etc. etc. Sixth Edition. In Two Volumes. Philadelphia: J. B. LIPPINCOTT & Co. 1866. Price \$12.

After all, this is the best text-book on the Practice of Medicine in the English language; the best in its method, most thorough in its execution, and most reliable in its judgment. Nor is this edition behind any treatise of the year, in the fulness of its information upon recent topics. It treats at length upon aphasia, locomotor ataxy, trichiniasis, laryngoscopy, hypodermic medication, atomization, and the cholera epidemic of 1865-6. Much of the new matter is given in long foot-notes, in fine print; but this is all very readable, and Dr. Wood has labored to avoid much increase in the size of the work.

No change in the essential principles of pathology and therapeutics, so long and ably maintained by Professor Wood, is announced in these pages, full as they are of research, as well as experience. He will not follow VIRCHOW in his

theory of inflammation, BENNETT in his abjuration of the lancet, nor TODD in his stimulisism. Glad are we, that he will not. So, he belongs to the next generation, as well as to that now approaching its close; he is a medical classic. Without adopting nearly all his opinions, we hold that there is no other member of his profession, of our time, in this country or in Europe, not even BRODIE, SIMPSON, VELPEAU, or TROUSSEAU, who has done more, if so much, for the profession, for its practical science, its ethics, and its interests. May we have more than one still succeeding edition of his works.

An Index of Diseases and Their Treatment. By THOMAS HAWKES TANNER, M. D., F. L. S., Member of the Royal College of Physicians, etc. Philadelphia: LINDSAY & BLAKISTON. 1867. 8vo., pp. 393. Price, \$4.50.

Dr. TANNER is a skilful and industrious compiler; but this work disappoints us. We like it less than any other of his preparation. He has overdone the task of condensation; the result is meagreness. And yet the book is not very small, because its number of subjects is so great. In this it follows very much the plan of the author's Treatise upon Practice.

The topics are all arranged alphabetically, and the object has evidently been to save time and trouble to readers who begrudge both. Yet, to see how it works practically, we made the trial with two subjects. *Meningitis* was the first. That heading does not occur in the "Index." We looked then under "brain" and "inflammation," without finding it. At last, it was discovered under "cerebral inflammation." Looking next for *inflammation of the bladder*, we found no mention of *cystitis*, nor any heading of "bladder." "Vesical inflammation," at the other end of the book, contains it. Where is the loss of time in this? A good index to a systematic work would be quite as convenient.

As to *treatment* of diseases, moreover, little more than brief catalogues of remedies are afforded. These may act as reminders to those who do not need elementary instruction; or they may occasionally suggest something new. Still, they are too brief and bare to be of great service. In all this, we do not deny that the book contains a vast deal of information upon diseases, a large collection of selected formulæ, accounts of climates for invalids, and of mineral waters, all valuable matter. LINDSAY & BLAKISTON have issued it handsomely, and it will, no doubt, command an extensive sale.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, DECEMBER 29, 1866.

VOLUME SIXTEENTH.

The Sixteenth Volume of the MEDICAL AND SURGICAL REPORTER begins with the first issue of January, 1867. The fact that unaided by capital, and in spite of many disadvantageous and discouraging circumstances, partly connected with the unsettled condition of the country for several years past, the work has not only maintained an existence, but has increased in value and usefulness, is evidence of its acceptability to the profession.

We must appeal to the past as a guaranty for the future, simply adding, that for the present we shall give the work more undivided attention, and expect to perfect its business department, and continue to add to the value of its literary contributions.

The stimulus we need is MONEY. No subscriber who exerts himself to extend our circulation, and thus add to the income, will regret it, for it will give us the means to improve the medical literature of the country. Let all aid us in this good work; first, by a prompt renewal of their own subscriptions, and secondly, by increasing the number of our readers.

GENERAL ACCIDENTS WHICH RESULT IN DEATH AFTER SURGICAL OPERATIONS.

Is another of the questions proposed for discussion at the INTERNATIONAL MEDICAL CONGRESS. Here the observations and studies made by American Surgeons during the late war, will be a rich source of information, and may contribute largely to a better understanding of many of the important points involved. Thus, for instance, osteomyelitis has been made the subject of most careful and minute investigations by Dr. LIDELL, of New York, who is expected shortly to lay the results of these investigations before the Academy of Medicine, and we see no reason why the results of his labors, or those of others bearing upon the general subject in question, should not be made available as contributions to the Congress.

The Committee accompany the statement of this question with the following remarks:

"In spite of the continuous progress of surgical therapeutics, the striking perfection of operative procedures, the abundance of instrumental apparatus, and the minute attention bestowed upon the regime and hygiene of those operated upon,

death yet follows too often in the course of bloody operations. This fatal termination is due to a large number of causes, which it is necessary to divide into categories.

"Sometimes it must be ascribed to an error or accident, for which the practitioner himself is more or less responsible.

"Sometimes death must be attributed not more to the operative procedure, but to the disease which has rendered it necessary, to complications to which it has given rise, or to general causes.

"These causes of death, easily understood, the Commission recalls to mind, but has no hesitation in excluding from the substance of the question proposed. The attention of observers should be fixed, in preference, upon a third category of accidents, the etiology of which is much less understood.

"An operation has been executed in an irreproachable manner; it has not involved any organ essential to life; the natural, reparative processes, properly directed, and kept in proper limits, ought to lead without difficulty to a certain cure. Yet we see arise accidents, which can be referred to neither the origin nor the nature of the traumatic cause, nor to the neglect of any established rule.

"These formidable complications are—only to quote the most common—diffuse inflammation, gangrene, erysipelas, angioleucitis, phlebitis, pyæmia, tetanus, etc.

"These accidents, which occur at all times, and in all countries, have been for a long time carefully studied. We even battle against them, often with more courage than success, but the causes which preside over their development are yet shrouded in obscurity. It seems even that they do not manifest themselves always and everywhere, under the same aspects, and with the same frequency. Thus tetanus, which in warm countries often complicates the most insignificant traumatic injuries, is proportionally quite rare in our temperate latitudes. So, also, purulent infection, with phlebitis and metastatic abscesses, so well described by our classic authors, seem in our day, and in our large hospitals, to have succeeded grave erysipelatous inflammations, and certain slow forms of pyæmia, as a cause of mortality.

"Lastly, also some capital operations,—ovariotomy, resections, amputations, yield results so different in our country, (France), and in the countries on the other side of the channel, that the question could seriously be asked, whether our races, and those which populate England, do not offer to traumatic injuries a markedly unequal

tolerance; an opinion at least apparently borne out by the results contained in the annals of military surgery after the campaigns of France and of the Crimea."

These facts, yet hypothetical—that is to say, rather assumed than demonstrated,—the Commission mentions as problems worthy of receiving a solution.

The nosography of the affections just enumerated being sufficiently advanced, it will be superfluous to enter into long descriptive details. Inquiry might essentially be made into the following points:

1st. Is the mortality after surgical operations equal in all countries, or does it vary according to races and climate?

2d. Do the general affections which determine it show themselves with the same relative frequency, and under the same pathological forms?

3d. In cases where notable differences should be proved, after settling the influence of race and climate, what rôle must be assigned to the regimen, modes of treatment, general hygiene, etc.?

The responses to these difficult and important questions should be based, as far as possible, not upon impressions or recollections, but upon sufficiently explicit statistical documents, analyzed with all the vigor of present science.

Notes and Comments.

Daily Pocket Record.

Before the issue of another number of the *REPORTER*, we will have sent out a large number of the *Daily Pocket Record*. The flattering manner in which the work has been received from the mere announcement of it has been very encouraging. We sincerely believe that it will give general satisfaction. Whatever may be redundant or lacking now will certainly be corrected in future editions. We invite criticism.

We are under obligations to MESSRS. WESTCOTT & THOMSON, stereotypers; Mr. DANIEL WILSON, and Mr. J. MONIER binders, and Mr. BRYSON, printer, for their co-operation in urging their share of the work.

Cholera in Kansas City, Mo.

The *Medical and Surgical Pioneer*, edited by Dr. KELLER, of Kansas city, Mo., says of the late cholera ravages in that city, that it was very severe and fatal in its attack, principally confined to the poor and indigent, and those living in damp and filthy parts of the city. Another cir-

cumstance worthy of mention, as having in all probability had some influence on the severity of the disease is that in the middle of September, after cholera commenced its work, that region was visited with some eight or nine days of rainy and cloudy weather, washing the soil from the hill sides into the streets.

Advancement of Science by means of Congressional Legislation.

Dr. J. M. JOHNSON, in his introductory remarks to an article on the "cryptogamous origin of fevers and other diseases," published in the *Atlanta Med. and Surg. Journal*, gives utterance to the following:

"The true dignity and usefulness of the profession will not be reached until there is a boundary fixed to dissension and the endless conflicts of opinion. This is not impossible. Suppose we were to memorialize Congress for an appropriation of two hundred thousand dollars per annum, to be applied to the payment of the salaries and expenses of a board of scientific and practical men, to be appointed by the medical societies of the several States, during the term of each Presidential administration, whose duty it would be to visit every part of the United States, and make such tests and experiments as would enable them to report upon the medical topography of the whole country; make it their province also to report upon all new discoveries, to correspond with and visit active practitioners in the different localities, and collect such medical statistics as will enable them to report upon the true nature and treatment of all of the diseases of the country."

A most excellent proposition—but at present, we are afraid, a little Utopian. Dr. JOHNSON alludes to the fact, that there are more than fifty thousand physicians in the United States, and "surely an appeal from such a body of men could not be made in vain to the magnanimity of Congress." True! But, alas, where is the unanimous appeal?

ERRATUM.—In our notice of McClure's work on the "Stable, Field, and Farm Yard," in the *REPORTER* for December 8th, a typographical error occurred in a quotation from that book, page 483, second line from the top. The word printed *Boum* in our citation, is *Boum* in Dr. McClure's book.

— L. B. DUNN, M. D., has been appointed Acting Assistant Surgeon, U. S. A., and ordered to report for duty to the General Superintendent of Refugees, Freedmen and Abandoned Lands at Helena, Ark.

Correspondence.

DOMESTIC.

Anomalous Condition of the Lateral Ventricles of the Brain.

EDITOR MEDICAL AND SURGICAL REPORTER:

The subject of this anomaly was a white man, apparently about 65 years of age, who had been recently brought into the dissecting-room of the Jefferson Medical College.

On removing the calvaria and the investing membranes, I found the brain of a healthy aspect, firm in consistence, and the convolutions large and well developed, with correspondingly well marked anfractuositities, the convolutions of the longitudinal fissure being remarkably distinct and well formed.

On removing the superimposed layers of cerebral substance, and opening into the lateral ventricle of the right side, I found the central cavity or body perfectly natural, but on tracing out the cornua, I was surprised to find the existence of a fourth horn. The anterior, middle, and posterior cornua were all well developed, but lying superficial to the middle or descending horn this fourth horn existed, following the same direction as the middle horn, situated just below it, viz., backward, outward, downward, and then coming forward and inward.

Traversing the bottom of this cornu, there existed an elevation of cerebral substance, similar to the hippocampus major of the descending horn; this, when traced to its origin, appeared to be an offset from the gyrus fornicatus.

A prolongation of the choroid plexus of the lateral ventricle was also traced into this anomalous horn. On examining the lateral ventricle of the opposite side, the same condition of things was observed.

During the study of the rest of the brain, nothing was found deviating from the natural condition.

JAMES TAYLOR, M. D.

Ass't Demonstrator of Anatomy.

Jefferson Medical College,
Philadelphia, Dec., 1866.

News and Miscellany.

Indium.

This rare metal was first discovered about three years ago, by Messrs. RICHTER and REICH, of the Frieberg Mining Academy, in the zinc blende in the vicinity of Frieberg. It has lately been found by MM. KACHLER and SCHRÖTTER, in

the blende at Schönfeld, near Schlagenw. M. WINCKLER considers it best, in extracting indium, to treat the roasted blende by hydrochloric acid, to precipitate, by an excess of zinc, the indium, copper, lead, cadmium, etc., and to separate these metals by sulphureted hydrogen and carbonate of baryta. M. SCHRÖTTER modifies the method by treating the blende, after roasting, with sulphuric instead of hydrochloric acid, precipitating the indium by zinc, and fractioning the precipitates; the purification of indium is then easier in consequence of this division. Indium may be ranked among the heavier metals, its specific gravity being from 7.11 in the granular state, to 7.28 after hammering. Its color resembles that of platinum. Its lustre is not tarnished by exposure to air, or even to boiling water. It is softer and more malleable than lead, and is as volatile as magnesium or zinc. It forms but one oxide. Its salts are colorless, but when exposed to the flame of a Bunsen burner, impart to it a blue or violet tinge. In its electric properties, indium resembles cadmium, but is more electro-negative.

Carbonate of Soda.

A new process for producing this important salt has been patented in Great Britain by Mr. WALTER WELDON. It consisted in placing within a strong vessel equal equivalent of common salt and carbonate of magnesia, with a small quantity of water, and pumping into the vessel carbonic acid, formed by passing atmospheric air over ignited coal. The carbonate thus becomes the bicarbonate of magnesia, which dissolves in water, and thus decomposes the chloride of sodium. The chloride unites with magnesium, forming chloride of magnesium, at the same time bicarbonate of soda is formed and precipitated. The whole process lasts but a quarter of an hour. A moderate heat drives off the second atom of carbonic acid, thus changing the bicarbonate into carbonate of soda. By evaporating the solution of chloride of magnesium to dryness, and raising it nearly to a red heat, the chlorine is driven off and magnesium is formed.

America now imports every year several million dollars worth of carbonate of soda from England, where it is made by the use of common salt, sulphuric acid and chalk, according to the process of LEBLANC, invented toward the end of the last century.

METEOROLOGY.

December,	10.	11.	12.	13.	14.	15.	16.
Wind.....	W. Clear.	W. Clear.	N. W. Clear.	N. W. Cl'd'y.	W. Clear.	N. W. Clear.	N. E. Cl'd'y.
Weather.....	}	}	}	}	}	}	}
Depth Rain.....							
Thermometer.							
Minimum.....	20°	10°	13°	9°	15°	6°	16°
At 8 A. M.....	31	23	27	19	25	16	24
At 12 M.....	32	26	31	26	23	30	50
At 3 P. M.....	31	27	29	26	27	20	39
Mean.....	28.56	21.50	25.	22.75	24.25	18.	27.25
Barometer.							
At 12 M.....	30.	30.2	30.2	30.3	30.4	30.5	29.7
Germantown, Pa.							B. J. LEEDOM.



SMITHSONIAN INSTITUTION LIBRARIES



3 9088 01224 6336